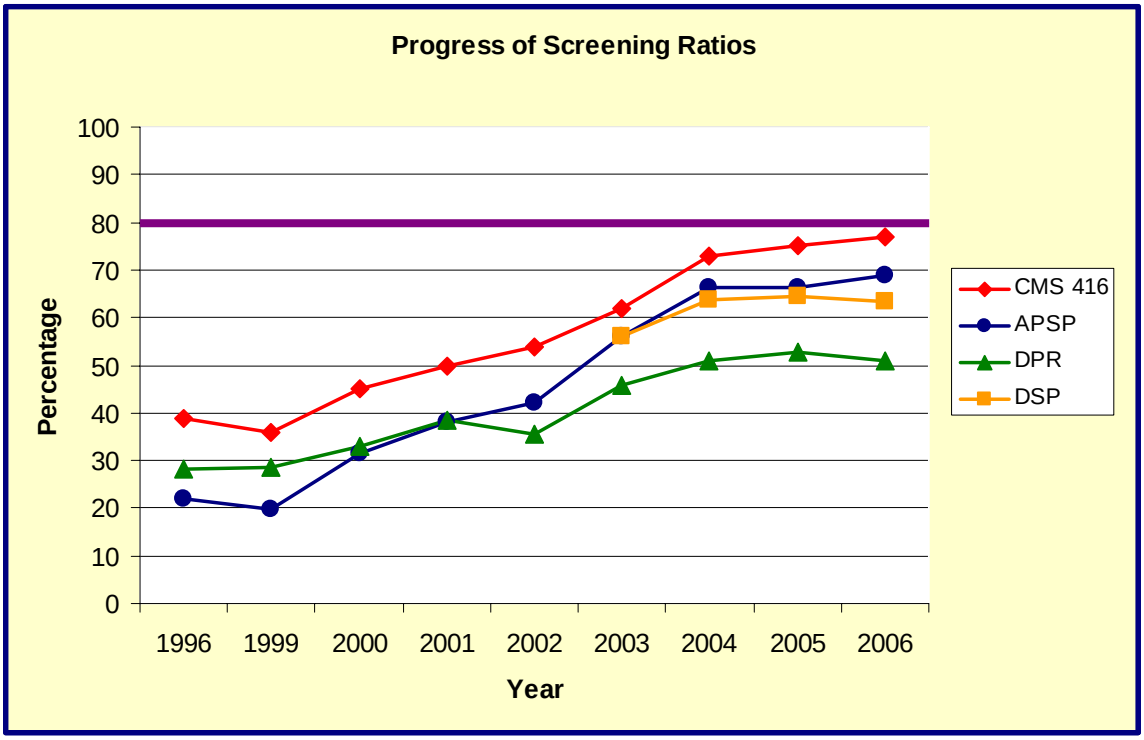
John B. Semiannual Progress Report
January 31, 2008

The State of Tennessee has continued and implemented many Early Periodic Screening, Diagnosis and Treatment (EPSDT/TENNderCare) activities within the past six months. Each child-serving state department or division has participated in the EPSDT/TENNderCare effort and the Governor's Office of Children's Care Coordination (GOCCC) has actively coordinated efforts to better serve children. This report does not attempt to include all completed and ongoing activities that have been previously reported in prior Semiannual Progress Reports but rather includes new activities or existing activities with additional data to report.

This report is a coordinated effort to reflect the EPSDT/TENNderCare activities being performed by child-serving departments and agencies that together form the state's TennCare EPSDT/TENNderCare program. Highlights of activities from the reporting period July 1, 2007 through December 31, 2007 include the following progress on screening ratios indicated in Figure 1 that are reported annually to Centers for Medicare and Medicaid Services (CMS). The *John B.* Consent Decree requires 80% adjusted periodic screening percentage. The State of Tennessee is currently at 77% unadjusted periodic screening percentage.

Figure 1



CMS 416- Center for Medicare and Medicaid Services Form 416
APSP- Adjusted Periodic Screening Percentage
DPR- Dental Participant Ratio
DSP- Dental Screening Percentage

Additional highlight of activities during the past six months include the following:

- A TENNderCare brochure was specifically developed for outreach to teens and adolescents. The advice of teens was used in the development of the brochure to ensure its appeal and applicability to their needs. The initial printing order for the brochures was 300,000 in English and 100,000 in Spanish with brochures distributed primarily by the TENNderCare Community Outreach Workers, although they have also been ordered by other state agencies and have been made available to community-based organizations as well.

- The TennCare Bureau mailed approximately 32,000 notices each month to enrollees who have not had a TENNderCare exam within the last twelve months. The notice is addressed to the head of household to inform the family that their child, mentioned by name, is overdue for their annual physical exam. The notices inform the family about the TENNderCare program, remind them of the importance of preventive services, offer scheduling assistance, and transportation.

- The TennCare Bureau works with the Department of Education (DOE), the Governor's Office of Children's Care Coordination (GOCCC), and the Managed Care Corporations (MCCs) to ensure the coordination of care and the delivery of medically necessary services as identified in the Individualized Education Programs (IEPs) for school age children called the TENNderCare Connection. In September 2007, an annual letter was sent to the Local Education Agencies (LEAs) as the notification from the Bureau of TennCare's commitment to coordinate medically necessary services as identified in the IEP.

- TennCare Select provided a notice to the Best Practice Network (BPN) Primary Care Providers (PCPs) on December 11, 2007, encouraging them to complete a Health Services Confirmation form for custodial children served through the Best Practice Network. Information on accessing the form through the DCS Web site was provided, as well as how to obtain hard copies of the form through the customer service BPN unit. Providers were also encouraged to view relevant health information in the Shared Health clinical health record, available to providers electronically.

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Part I: Outreach and Screening
Paragraphs 39 – 52

A. Outreach and Informing

EPSDT/TENNderCare outreach and informing occurs through the Managed Care Organizations (MCOs), Managed Care Contractors (MCCs), the Behavioral Health Organizations (BHOs), Dental Benefit Manager (DBM), state agencies, other contracted providers and community based organizations/ agencies.

A MCO is a licensed Health Maintenance Organization contracted with the Bureau of TennCare to manage delivery, provide access, contain cost, and ensure the quality of specified covered medical and/or behavioral benefits to TennCare enrollees through a network of qualified providers. The MCC is a managed care organization, behavioral health organization, pharmacy benefits manager, or dental benefits manager that will manage delivery of services and ensure the quality of specified covered benefits to TennCare enrollees through a network of qualified providers. This will also include state government agencies that are in agreement with an interagency contract and may perform functions of a managed care contractor.

TennCare EPSDT/TENNderCare Outreach and Informing

TENNderCare Educational Materials

TENNderCare educational materials are fundamental methods for sharing information about the TENNderCare program. The TennCare Bureau strives to maintain updated materials that convey the preventive health message in a manner that meets the various needs of the TennCare population.

During this reporting period, a TENNderCare brochure was specifically developed for outreach to inform teens. The advice of teens was used in the development of the brochure to ensure its appeal and applicability to their needs. The initial printing order for the brochures was 300,000 in English and 100,000 in Spanish with brochures distributed primarily by the TENNderCare Community Outreach Workers, although they have also been ordered by other state agencies and have been made available to community-based organizations as well.

In an effort to ensure the development of appropriate educational materials for special populations, the subcommittees of the Enrollee Outreach Workgroup recruited new members. The Teen Subcommittee is currently reviewing all teen related outreach materials for content and graphics. Teen posters are being revised to focus on the TENNderCare medical and dental exams. Input from teens will be solicited again to ensure that the materials appeal to this age group. Members of this group have significant experience working with teens who are members of lower socio-economic groups and possess expertise in the area of healthcare and outreach. Membership includes:

- Director, Tennessee Adolescent Pregnancy Prevention Program (TAPPP) Tennessee Department of Health
- Youth Development Specialist, Nashville-Davidson Metro Public Health Department
- Transitional Living Services Director, Oasis Center
- Program Director, YMCA Urban Services Center
- EPSDT Coordinator, Doral Dental
- TENNderCare Outreach Program Director, Nashville-Davidson County Health Department
- Program Coordinator, Medical/Behavioral Health, Department of Children's Services
- EPSDT Outreach Manager, Bureau of TennCare
- TENNderCare Coordinator, Bureau of TennCare
- Quality Management Coordinator, Nurse Consultant, Bureau of TennCare
- Children's Care Coordinator, Governor's Office of Children's Care Coordination

The Limited English Proficiency Subcommittee met in October 2007 and will meet on a monthly basis. The group's purpose is to ensure that TENNderCare materials are available in Spanish and for enrollees who have limited reading abilities. The committee members will review current materials, make recommendations for changes, and suggest new materials. Membership includes:

- Special Populations Coordinator, TENNderCare Outreach Program, Nashville-Davidson County Health Department
  Languages: English
- Refugee Social Services Program Coordinator, Catholic Charities
  Languages: Arabic, English
- Director, State Title XIX Office of Non-Discrimination Compliance/Health Care Disparities, TennCare Bureau
  Languages: English
- Interpreter Services Coordinator, TennCare Advocacy Program
  Languages: Bosnian, English
- Refugee Services Coordinator, TennCare Advocacy Program
  Languages: Arabic, Kurdish, English
- Hispanic Services Coordinator, TennCare Advocacy Program
  Languages: Spanish, English
- Education Coordinator, Health Assist Tennessee
  Languages: English, Spanish
- CoverKids Bi-Lingual Services Coordinator, Health Assist Tennessee
  Languages: Spanish, English
- English for Speakers of Other Languages Instructor, Williamson County, Tennessee
  Languages: English, Spanish
- Assistant Administrator, Department of Labor and Workforce Development, Division of Adult Education
- Director, Nashville Adult Literacy Council

- EPSDT Outreach Manager, Bureau of TennCare
- TENNderCare Coordinator, Bureau of TennCare
- Quality Management Coordinator, Nurse Consultant, Bureau of TennCare

The Children with Special Healthcare Needs (CSHCN) Subcommittee is developing a plan for re-distribution of the Children with Special Healthcare Needs flyer to appropriate children and community agencies. Members of that subcommittee are as follows:

- Public Health Nurse Consultant, Children's Special Services, Division of Maternal and Child Health, Tennessee Department of Health
- Fiscal Manager, Council on Developmental Disabilities AND parent of child with special healthcare needs
- Co-Director, Family Voices of Tennessee
- EPSDT Outreach Manager, Bureau of TennCare
- Quality Management Coordinator, Nurse Consultant, Bureau of TennCare
- Transition School to Work Program Coordinator, Vocational Rehabilitation Services
- Children's Care Coordinator, Governor's Office of Children's Care Coordination
- TENNderCare Coordinator, Bureau of TennCare
- Quality Management Coordinator, Nurse Consultant, Bureau of TennCare

Table 1 provides a list of materials that were distributed by the TennCare Bureau during this reporting period. It does not reflect the materials that were distributed by the MCOs or other public and private child-serving agencies.

Table 1

TennCare Educational Materials	
MATERIALS	**AMOUNT**
English Brochures	10,600
Spanish Brochures	5,975
English Posters	369
Spanish Posters	319
TEEN Posters	1,210
I Get It Posters	355
Get Help Now Posters	320
Dental Posters	290
Say No Posters	245
Appointment Cards	4,250
Provider Manuals	15
CD/DVD/VHS	15
TENNderCare Stickers	150
Vaccinate Stickers	4,800
Band-aids	4,900
TENNder Cards	28,050
Special Needs Flyers	3,275

Status: Ongoing
Documentation: TENNderCare Teen Brochure in English and Spanish; Teen Subcommittee Membership List; LEP Subcommittee Membership List; Special Healthcare Needs Subcommittee Membership List
Reference Consent Decree: ¶ 39(b)

TENNderCare Web site

The TENNderCare Web site was revised during this reporting period to create easier navigation between pages for site visitors. The TENNderCare Web site had 241,506 hits during this reporting period.

Staff representing various agencies across the state continue to participate in the TENNderCare Web-based training to increase their understanding of the TENNderCare program. The objective is for the staff to share that information with the TennCare enrollees they serve on a daily basis. There were 85 people who took part in the on-line TENNderCare training sessions and completed the TENNderCare test this reporting period.

Status: Ongoing
Documentation: TENNderCare Quiz 1 (previously submitted)
Reference Consent Decree: ¶ 39(a); 78

TennCare Collaboration

The TENNderCare staff participated in the 12th Annual Health Summit of Minority Communities in August 2007 with a TENNderCare exhibit. Items distributed to the 560 attendees included TENNderCare brochures in English and Spanish, TENNderCare flyers for children with special healthcare needs, and TENNder Cards.

The TENNderCare Outreach Manager attended the annual conference of the Rural Health Association of Tennessee in November 2007. Coordinated School Health (CSH) was one of the conference tracks with presentations by CSH staff on new and established programs. EPSDT information was shared among the session attendees (in excess of 150 for 7 of 8 sessions) with an emphasis on the need for collaboration among agencies/organizations to ensure healthy outcomes for Tennessee's children.

The TENNderCare Outreach Manager participated in the Early Childhood Comprehensive Systems (ECCS) Strategic Planning Committee as a member of the Executive Committee. ECCS establishes partnerships and collaborations which support families and communities in their development of children that are healthy and ready to learn at school entry.

The TENNderCare Outreach Manager participated in the HealthCare for Children State Advisory Committee, a project of Health Assist Tennessee. The project mission is to find and enroll eligible children and families in Tennessee's public health insurance programs.

Status: Completed and Ongoing
Documentation: 12th Annual Health Summit of Minority Communities Program; "Rural Connections", Rural Health Association of Tennessee 2007 Agenda; Early Childhood Comprehensive Systems Executive Committee Agenda September 11-13, 2007; HealthCare for Children Advisory Committee October 16, 2007
Reference Consent Decree: ¶ 39(a); 39(d)

Annual Overdue Letters

The TennCare Bureau mails letters each month to enrollees who have not had a TENNderCare exam within the last twelve months. The letter was mailed to the head of household to inform the family that their child, mentioned by name, is overdue for their annual physical exam. They were informed about the TENNderCare program, reminded of the importance of preventive services, offered scheduling assistance, and transportation. Table 2 indicates the number of letters that were mailed during this reporting period.

Table 2

Annual Overdue Notices Mailed to the Head of Household	
MONTH	**LETTERS**
July 2007	32,208
August 2007	33,674
September 2007	32,230
October 2007	32,905
November 2007	30,776
December 2007	30,805

Status: Ongoing
Documentation: TENNderCare Annual Overdue Letter (previously submitted)
Reference Consent Decree: ¶ 39(j)

TennCare Advocacy Unit

TennCare Advocacy Unit maintains a number of contracts with advocacy agencies for services to the under 21 population. Those agencies include Health Assist Tennessee, formerly the TennCare Consumer Advocacy Program, a program of the Crisis Intervention Center, TennCare Partners Advocacy Line, and National Healthcare for the Homeless Council (NHCHC) EPSDT Shelter Enrollment Project.

Contracts for the 2008 fiscal year included the expansion of outreach services to children under the NHCHC contract, and modifications to the scope of services and data collection requirements in all advocacy contracts to ensure measurable outcomes.

TennCare Advocacy monitors all reports of contracted activities and addresses individual issues as appropriate.

TennCare Member Services/Advocacy

TennCare Member Services/Advocacy Leadership continues to meet regularly with members of the TennCare advocacy community. The frequency of these group meetings has varied from weekly to monthly to bi-monthly during the reporting period in response to preferences expressed by the group and the volume of pertinent discussion items.

The meetings are an effective mechanism to bring all interested parties together to share information and discuss issues and concerns in an informal setting. Advocates use this as a means to present issues and concerns. TennCare, in turn, has the opportunity to address issues identified by the advocates. This forum also provides opportunities for brainstorming regarding potential policy and program changes.
Though no significant program changes affecting children were implemented during this reporting period, advocates continue to be kept abreast of any

pending program changes. Advocates receive copies of enrollee notices, an explanation of programs, benefit changes, and the effect those changes have for children under age 21.

Prior knowledge of program changes allows them to disseminate the information among their respective constituencies and into the community.

Executive staff within the TennCare Bureau (including, but not limited to the Bureau Director) are apprised of advocates' concerns as appropriate. Topics range from applicant issues, proposed and/or pending changes within the program, modifications to eligibility determination, and issues concerning operational protocols.

Other meetings with smaller subsets of the advocacy community are arranged by the Member Services/Advocacy Leadership staff as needed and/or requested to address programmatic issues and/or operational concerns when they arise.

Status: Ongoing
Documentation: Health Assist Tennessee (formerly the TennCare Consumer Advocacy Program Contract), TennCare Partners Advocacy Line Contract; National Healthcare for the Homeless Council (NHCHC) EPSDT Shelter Enrollment Project Contract
Reference Consent Decree: ¶ 39

National Healthcare for the Homeless Council (NHCHC)

The TennCare Shelter Enrollment Project is a statewide outreach and education effort to assure that eligible homeless children residing in Tennessee emergency shelters are enrolled in TennCare. Enrolled children receive the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to which they are entitled under the TENNderCare program. During this reporting period, outreach activities included:

- TENNderCare Community Outreach Program: The TennCare Shelter Enrollment Project Coordinator met with TENNderCare Community Outreach Program workers in Hamilton, Shelby and Davidson county health departments to discuss the dissemination of information about TENNderCARE and EPSDT visits to homeless families in their respective communities.
- TENNderCare Education Visits: On September 7, 2007, the TennCare Shelter Enrollment Project Coordinator conducted a TENNderCare Education Visit to 27 residents residing in two Memphis homeless shelters. Participants were given information on TENNderCare and encouraged to schedule annual visits for their children.
- TennCare Access Networks: Regional TennCare Access Networks (TANs) were organized in each grand division of the State to disseminate information, discuss TennCare reforms, and develop strategies for TENNderCare outreach to sheltered homeless families. Homeless assistance providers attending these meetings hear

TENNderCare representatives from local health departments and managed care companies describe community outreach activities and answer questions about preventive care services available to children on TennCare. On September 17, 2007, the project conducted a TAN training in West Tennessee. There were 17 participants, 5 of which represented homeless shelters. Participants suggested incorporating the tracking of well-child visits into the shelter intake process.

- Toll-Free Shelter Help Line: NHCHC staffs a toll-free line to answer questions for shelter residents and staff regarding TennCare, TENNderCare, and healthcare access. During this reporting period, they responded to 23 phone calls, of which 8 pertained to TennCare and healthcare services.
- Mobile Screening Event: On August 8, 2007 and August 10, 2007, the TennCare Shelter Enrollment Project collaborated with the Mobile Pediatric Assessment Clinic (MPAC) of the Nashville Davidson County Metro Public Health Department to provide mobile health screenings to homeless children residing in three Nashville shelters: Salvation Army, Family Life Center, and the YWCA Domestic Violence Program. Thirty children received well-child checkups and immunizations required for enrollment in public schools.
- Shelters reported serving 188 children of whom approximately 76%, or 144, were TennCare recipients. Of those 144 children, 52% had a well-child visits during the reporting period and 76% had a visit with their Primary Care Provider.

Status: Ongoing
Documentation: National Healthcare for the Homeless Council Report 1st Quarter Report FY 2008 (October 15, 2007)
Reference Consent Decree: ¶ 39(d); 78

Dental Outreach

Doral Dental of Tennessee, LLC is the dental benefit manager for TennCare. They are active in providing oral health outreach for TennCare enrollees, working with community-based organizations across the state as well as schools and health departments. During this reporting period, they have participated in 35 events that resulted in a total of 7,020 face-to-face contacts and 1,705 oral health screens. The total number of people at these events who received oral health education, information on TennCare dental benefits, and TENNderCare preventive health messages was 13,549.

Status: Ongoing
Documentation: Doral Dental Outreach Report December 7, 2007
Reference Consent Decree: ¶ 39(d)

Public School Outreach

TennCare, in conjunction with the Enrollee Outreach Workgroup, developed a flyer for distribution to children enrolled in public schools. The flyer emphasized the need for children to visit their medical provider for a TENNderCare exam, even when they are not sick. It also included a statement that a TENNderCare exam can fulfill the requirement of a sports physical. Over 900,000 of the flyers were distributed during the beginning of the 2007-2008 school year.

The Enrollee Outreach Workgroup has recommended that the next school-based outreach mailings occur at the end rather than the beginning of the school year. Families are inundated with materials at the beginning of the school year, increasing the possibility for the TENNderCare message to become lost. Distribution at the end of the school year presents two advantages: 1) fewer messages are relayed leading to a higher impact for the TENNderCare message and 2) it provides an opportunity to encourage scheduling of appointments during the summer months when children are typically out of school. The next school-based outreach is scheduled for spring 2008.

Status: Completed and Ongoing
Documentation: TENNderCare School Based Outreach Flyer, Fall 2007-2008 in English and Spanish
Reference Consent Decree: ¶ 39(a); 78

TennCare Provider Education

In the 2nd and 3rd quarters of 2007, TennCare provider representatives made 702 visits to providers across the state to:

- Discuss issues providers were experiencing with the TennCare contractors
- Discuss various billing and eligibility issues
- Recruit new providers
- Disseminate information regarding new policies that might affect providers; and
- Generally be available to provide assistance

During this reporting period, planning meetings continued for the 2007 Tennessee Medical Association (TMA) Workshops. Provider Network staff were active participants in the workshops that provided attendees with new and updated information regarding TennCare. TennCare staff participated in eight TMA Workshops from August 2007 through October 2007 in the cities of Memphis, Jackson, Knoxville, Johnson City, Chattanooga, and Nashville.

TennCare Provider Network staff also represented the Bureau while attending other meetings with providers and their staff to discuss the start-up of the new Middle Tennessee MCCs. Training sessions were held throughout the Middle Tennessee Region by the new plans and Provider Network staff attended many of these sessions.

Provider Network representatives attended health fairs in cities of Trenton in May 2007, in Humboldt and Jackson during the month of September 2007.

Status: Completed and Ongoing
Documentation: Tennessee Medical Association Insurance Workshop 2007 Brochure; Tennessee Medical Association Insurance Workshop 2007 Agenda; TennCare Provider Network Visits December 2007
Reference Consent Decree: ¶ 39(a); 41(c)

MCO Outreach

The MCOs submit quarterly EPSDT reports to the Bureau of TennCare with specific details of their enrollee outreach efforts during that period. Each MCO is responsible for six outreach attempts per year, per enrollee, plus additional outreach efforts for those enrollees who are overdue for screens. During this reporting period, all MCOs met the requirements listed in the table 3. In addition, activities are verified by the External Quality Review Organization (EQRO) during the Annual Quality Survey.

Table 3

MCO Required Outreach Activities
OUTREACH ACTIVITY
Member Handbooks
Newsletters
Reminders prior to screening due dates
Follow-up reminders of overdue screening dates for enrollees, who are eligible for EPSDT and who have not received services within a year
Outreach to pregnant women advising them of the availability of EPSDT services for their babies and children
Assistance offered to pregnant women in scheduling a timely prenatal appointment

The MCCs are involved in a variety of outreach activities aimed at educating families on the importance of TENNderCare services and improving access. Below are a few of the activities in which they engage:

- AmeriChoice East reported over 3,000 enrollees involved in their "BeWise Immunize" Program that reminds families of the importance of immunizations and serves as a reminder of when children are due for immunizations.
- AmeriChoice Middle reported "BeWise" Immunize Program serves 8,518 enrollees.

- Volunteer State Health Plan (VSHP) has developed a teen Web site with information specifically pertinent to that age group. Plans are being made for both promotion and evaluation of the Web site.
- VSHP sends appointment reminder cards to families they have assisted in scheduling EPSDT appointments. The card reinforces the availability of transportation assistance for the appointment.
- The MCOs are contractually mandated to collaborate with community-based organizations that serve TennCare enrollees. Listed below are some of the activities which resulted from the collaborations:
  - TENNderCare Advisory Board Meeting
  - Hamilton County Annual Agency Meeting
  - Knox County Health Department TENNderCare Coalition Meetings
  - Shelby County Community Immunization Coalition Meeting
  - Guthrie Health Loop Health Fair
  - MCO Adolescent Well Care Collaborative
  - Knox County TENNderCare Health Fair
  - TTOPS Conference
  - EPSDT Regional Task Force Meeting
  - Work Bridge EPSDT Presentation
  - Centenary Ministries
  - Fayette County Faculty Meeting
  - Chickasaw Jr. High School Faculty Meeting
  - Georgian Hills Jr. High School Faculty Meeting
  - National Health Care for Homeless Council
  - East Jackson Family Medical Center Kids Health Fair
  - Home Visitation Collaboration to Benefit Families
  - Bisson Health Loop Community Health Fair
  - Jackson-Madison County Regional Health Department Annual Agency Meeting
  - Well Child, Inc. Principal's Appreciation Luncheon
  - The Martha O'Bryan Center and Second Harvest Food Bank
  - Alignment Nashville
  - America On the Move and American Diabetes Association, African American Initiative Program
  - The Boys and Girls Club of Middle Tennessee
  - Tennessee Voices for Children
  - National Alliance on Mental Illness
  - All About Women
  - Big Brother Big Sister of Middle Tennessee
  - Meharry Medical College
  - The Community Foundation
  - Conexion Americas
  - YMCA of Middle Tennessee
  - National Kidney Foundation
  - McNeilly Center
  - Mid Cumberland Council on Youth and Children
  - East Tennessee Regional Taskforce Meeting
  - South Memphis Health Loop Health Fair
  - Corry Middle School Faculty Meeting

- Sisters on the Move
- Safe Kids Day at LeBonheur Children's Medical Center
- Celebrating Healthy Choices for Youth Conference

- The MCOs recognize the importance of community "presence" as a method of increasing familiarity between the MCO and the enrollee. Examples of MCO member specific activities during this reporting period include:
  - Tennessee Voices for Children Mental Awareness Day
  - Grace Eaton Day Care Health Week
  - Wilson County Community Fest
  - Fairfield Missionary Baptist Church Health Fair
  - Kayne Avenue Baptist Church Vacation Bible School Kick Off
  - Movies at Dusk at Centennial Park
  - Youth Life Learning Center Health Fair
  - Movies at Dusk in Clarksville
  - Health Rocks Health Fair
  - Lion's Den Health Fair
  - Prom Promise, Athens, Tennessee
  - Prom Promise, Englewood, Tennessee
  - Claiborne County Health Fair
  - Kindergarten Round Up, East Tennessee Regional Health Department
  - Health Rocks Health Fair, Cleveland Middle School
  - Health Rocks Health Fair, Boys and Girls Club of Kingsport
  - Renewal House Health Fair
  - Health Booth at K Mart in Clarksville
  - Woodbine Community Center – Class on Diabetes-information on EPSDT in Spanish
  - Mt. Zion Baptist Church Health Fair
  - Bethlehem Center of Nashville Olympic Day Festival
  - Martha O'Bryan Pantry
  - Tennessee Voices for Children Back to School Bash and Health Fair
  - The Greenhill Human Development Corporation, Back to School Bash in Clarksville
  - YMCA Summer Camp-Back to School Activity-Amerigroup's community vehicle on site
  - The Bedford County Summer Feeding Program- Community Outreach Vehicle on site
  - Ronald McDonald House meal preparation for residents – Amerigroup sponsored
  - Matthew Walker Health Center Health Week – EPSDT screenings were given to children on Amerigroup's community outreach vehicle
  - Tennessee School for the Blind – Student Registration
  - McGruder's Center – Back to School Bash
  - Columbia Health Fair

- Take a Loved One to the Doctor at Matthew Walker Health Center EPSDT screenings were given to children on Amerigroup's community outreach vehicle
- Parent Teacher Conference, Mother Goose Learning Academy, Sevier County
- Commodity Distribution, Clairfield, Tennessee – Distribution of Commodities and EPSDT Educational Information
- Commodity Distribution, Tazewell, Tennessee
- Commodity Distribution, Monroe County
- Jesus in the Park, Pigeon Forge – EPSDT Information Provided
- Remote Area Medical Clinic, Harrogate, Tennessee
- Project Ready for School Birthday Party, Chattanooga, Tennessee
- Angel Food Ministries, Blaine, Tennessee – Distribution of commodities and EPSDT educational information
- Angel Food Ministries, Maynardville, Tennessee
- Angel Food Ministries, Tazewell, Tennessee

Status: Ongoing
Documentation: MCO EPSDT Quarterly Reports, 2nd and 3rd Quarters, 2007
Reference Consent Decree: ¶ 39(b)

MCO Provider Outreach

MCOs distribute provider newsletters that are required to contain information on TENNderCare. In addition, some MCOs employ provider education representatives who visit provider offices to assist with TENNderCare concerns. Some examples of provider outreach this reporting period include the following:

- UAHC delivered educational sessions to 358 providers; provider representatives attended the TMA Meetings in Memphis and Jackson, Tennessee
- TLC conducted EPSDT provider in-service sessions including training and education for PCPs and their staff at least on an annual basis, and more frequently as needed or requested. TLC Educators focused educational efforts on all the provider sites, but with more emphasis on the high volume EPSDT sites and the lower performing sites based on CMS-416 screening scores. TLC Educators also conducted provider in-service sessions for OB/GYN specialists, when feasible, as EPSDT exams are often not performed by this provider group.
- PHP identified all members who are overdue for EPSDT screenings through the PCP roster list that were mailed on a monthly basis to the appropriate provider.
- At Unison, all newly contracted providers were given an EPSDT orientation. Provider Relations also sent out an additional invitation for re-orientations and/or training to all providers and an EPSDT packet that was provided to the Unison network. The Unison team supplied each provider with a monthly member roster. These rosters not only identify the members assigned to the physician, but age appropriately, when the last EPSDT screen was and if the member is

currently due or overdue for a screen. This provided the office with an easily accessible tool from which to conduct outreach activities.

- AmeriChoice Middle providers received an overview of the AmeriChoice EPSDT program at provider orientation events presented by the Provider Outreach Department as well as during presentations by the Prevention and Wellness Department that included the TENNderCare Program requirements. During these events, providers received an overview of the program and were instructed on the recommended TENNderCare services, including recommended screenings and immunizations. Dental, hearing, vision and behavioral health information was included in the presentation.
- Amerigroup primary care providers for members under 21 years of age received educational material about TENNderCare during provider orientation and communication through the Web site. As Amerigroup continues to build the network, ongoing education to providers will continue.

Status: Ongoing
Documentation: MCO EPSDT Quarterly Reports, 2nd and 3rd Quarter, 2007
Reference Consent Decree: ¶ 46

MCC Marketing Materials

TennCare must review all MCC marketing plans, marketing activity descriptions, and materials prior to distribution to enrollees. The review process was developed to ensure the use of clear and non-technical terms. A combination of written and oral information is encouraged so that the program is clearly and easily understood by the enrollee. TennCare uses Flesch-Kincaid on all written materials to enrollees to ensure they are worded at a 6th grade or lower reading level. During this reporting period, the MCCs submitted approximately 200 marketing items for approval.

Status: Ongoing
Documentation: MCC Marketing Approval Letter (previously submitted)
Reference Consent Decree: ¶ 39(c)

MCO Adolescent Well Care Collaborative

At the direction of the TennCare Bureau since 2004, the MCOs have been collaborating on teen newsletters with topics of interest to this age group. The newsletter was mailed quarterly to households who have children in the 15-20 age groups. Tennessee Behavioral Health and Premier Behavioral Health published their first teen newsletter during the 3rd quarter of 2007 with articles that share a common theme with those of the MCOs. The MCOs agree to publish four identical medical articles with Doral Dental submitting one dental article. Using these five mandatory articles, the MCOs are then at liberty to incorporate additional articles for their respective publications.

Recognizing the importance of preventive health for adolescents, TennCare requested that the MCOs implement a second collaborative project aimed at

increasing teen screening rates. The objective of the three separate interventions is to identify a best practice model that can possibly be replicated on a statewide level.

The three regional outreach projects were submitted to and approved by the Bureau of TennCare and are scheduled for implementation on January 1, 2008. The projects will last throughout 2008 with data collection by the Bureau of TennCare to conclude in May 2009, allowing for claims submission lag. After receipt of final data, the MCOs will submit a project analysis report by June 30, 2009. The three regional projects are as follows:

- East Region - involves an incentive model for teens that complete a TENNderCare exam.
- Middle Region - incorporates a case management model to encourage scheduling and completion of TENNderCare exams.
- West Region - utilizes a community collaboration model with Saturday clinics available to expand opportunities for TENNderCare exams.

Status: Ongoing
Documentation: MCO Adolescent Well Care Collaborative Minutes, August 21, 2007 and November 13, 2007
Reference Consent Decree: ¶ 39(l)

Department of Children's Services
EPSDT/TENNderCare Outreach and Informing

TennCare Eligibility for Children in Custody

A case file review on children's files was conducted on a quarterly basis by team leaders as part of the DCS Continuous Quality Improvement (CQI) process. The file is reviewed to determine if there is a TennCare eligibility card. If a card is not present then a pending application would be in the file. Findings from the 2nd and 3rd quarter of 2007 are in Table 4. The findings for the unruly/ delinquent population improved in the 3rd quarter, following the monitoring of this requirement in the children's file.

Table 4 Percentage of DCS Core Files Containing TennCare Eligibility

Team Leader Case File Review Statewide Findings *Specific to* TennCare Eligibility 2007 2nd and 3rd Quarter	Dependent/ Neglected		Unruly/ Delinquent	
	2Q	3Q	2Q	3Q
The child's case file contains the child's insurance card (TennCare card or private insurance card, where applicable) or the application for a TennCare card if it has not been received yet.	97%	97%	82%	98%

Outreach to Foster Parents

"Medication Administration for Foster Parents" was a training workshop that provides Foster Parents the knowledge base to safely and effectively administer medications to children in their care. DCS has worked closely with the Tennessee Center for Child Welfare Consortium to provide training to Foster Parents on the topic of medication administration. DCS has collaborated with Schools of Nursing at Consortium Universities to deliver this training to Foster Parents. The nursing schools have used this training opportunity as a community health clinical rotation for their nursing students. DCS Regional and Central Office Nurses have also assisted with the delivery of this training at Foster Parent conferences. For the 2007 calendar year through November, 1316 foster parents have been trained on medication administration. Table 5 indicates how many parents were trained in each region.

Table 5

Medication Administration	
Region	**Attendees**
South Central	15
Southwest	214
Knox/East	348
Upper Cumberland	44
Davidson	27
Mid-Cumberland	242
Shelby	106
South East	29
North West	122
North East	169
Total	1,316

Outreach to DCS Family Service Workers (FSW) with Education about TennCare

DCS provided educational outreach regarding EPSDT and TennCare services to DCS Family Service Workers, resource parents, and DCS contract agencies. Since the last reporting period, table 6 indicates 138 sessions were held from July through December 2007, with outreach to 2,328 persons.

In an article in the DCS "Weekly Wrap Up", and in a "DCS ALL" message on July 23, 2007. DCS Family Service Workers and field staff were informed of a new process for Notices of Actions on TennCare funded residential placements to be mailed from central office to Child and Family Team members removing this responsibility from the Family Service Workers.

A "DCS ALL" message sent on September 20, 2007 providing notice of the BHO DCS Magellan Referral Phone Number and referral line where Family Service Workers may receive assistance with access to TennCare BHO services.

Table 6

3RD and 4th Quarter 2007 Well Being Training July- December		
Region	**Sessions held**	**Number of Attendees**
Davidson	8	59
East Tennessee	18	453
Hamilton	12	191
Knox	14	83
Mid Cumberland	4	32
Northeast	16	337
Northwest	14	228
Shelby	14	167
South Central	2	18
Southeast	6	73
Southwest	14	424
Upper Cumberland	16	263
Statewide Total	138	2,328

On October 9, 2007, targeted groups of DCS staff were provided information on accessing in home services, and this information was updated on the DCS intranet resource listing for TennCare.

A "DCS ALL" and a "Weekly Wrap Up" article was published on October 19, 2007 and October 22, 2007 informing Family Service Workers about the basic steps they need to take on youth transitioning to adult mental health or mental retardation services. The article includes links to step-by-step outlines.

A "Weekly Wrap Up" Article was published on October 31, 2007 regarding the BHO psychiatric rehabilitative services for youth with mental health needs, including those transitioning from DCS custody to adult services.

Outreach by Well-Being Education Specialists

In order to ensure that children in custody or at risk of custody are receiving appropriate educational services, the Well-Being Education Specialists advocate

for students and parents regarding school issues, perform training, technical assistance, administrative duties that benefit DCS staff, parents, students, and schools. Table 7 lists the counts from Education Specialists monthly reports of their activities and trainings to the DCS Education Division. The following constitutes reasons for the Education Specialist to either participate in or initiate a training session.

- Changes in DOE requirements
- Changes in DCS procedures and policies
- Orientation for new employees
- Requests from public schools, private schools and agencies, contract facilities and Central Office areas
- Participation with Department of Children's Services Central Office in training
- Participate in the training of surrogate and foster parents in their region

Table 7

Education Specialist Trainings			
3rd and 4th Quarter 2007 July through December			
	Public School	**Contract School**	**DCS/Other**
CFTM	57	183	746
IEP/504	482	101	101
Monitoring	1	130	48
Obtaining Records	454	154	158
Suspension/Expulsion	94	0	12
Other	152	55	346
TOTAL:	**1,240**	**623**	**1,411**
	Number of Trainings	**Number of Attendees**	
Surrogate Parent	3	52	
Foster Parent	27	470	
Public School	13	219	
Contract School	15	270	
Case Manager	84	873	
Other	21	310	
TOTAL:	**163**	**2,194**	

Technical Assistance by DCS Central Office Well-Being to Support Outreach Efforts

- Conference calls were held with the regional Well-Being nurses on July 10, 2007, August 14, 2007, and October 9, 2007. Nurses met on September 19, 2007 and September 20, 2007.
- Conference calls were held with the Well-Being Representatives on August 8, 2007, August 14, 2007, August 28, 2007, September 25, 2007 October 8, 2007, October 23, 2007, and November 6, 2007.
- The Well-Being Representatives met on July 18, 2007 to review appeals and documentation of identified services.
- The Regional psychologists met on July 17, 2007, reviewing hospital discharge notifications and appeals. Regional psychologists met September 24, 2007 and September 25, 2007, reviewing TennCare updates, Level 4, and the health icon.
- Regional psychologists held a phone conference on August 9, 2007 to discuss coordination with hospital discharge process, and received training on the new health icon on August 21, 2007.
- The Well-Being central office team met with Well-Being interface coordinators in a phone conference held on July 24, 2007 to discuss teaming and leadership interface.
- The Davidson County Well-Being team met with central office representatives on August 27, 2007 to review the process for identifying and tracking services for children in custody.
- Representatives of regional Well-Being teams and central office representatives met on September 13, 2007 to review the process for identifying and tracking services for children in custody.
- DCS central office and regional staff from Davidson, East, and Shelby held a conference call on September 17, 2007 to review EPSDT appointment percentages and review improvement plans. DCS central office trained regional staff in the Southwest Region on September 17, 2007 regarding the services and appeals tracking process.
- The DCS central office met with Southwest Region Well-Being staff on September 26, 2007 to review the process for identifying and tracking services for children in custody.
- The Shelby County Well-Being team met with central office representatives on September 27, 2007 to review the process for identifying and tracking services for children in custody.
- DCS central office met with the Hamilton Region Well-Being team on October 8, 2007 to discuss the process for reviewing Well Being screening forms and making recommendations to Family Service Workers.
- DCS central office met with the Mid-Cumberland Region Well-Being team on November 29, 2007 to discuss the process for reviewing Well Being screening forms and making recommendations to Family Service Workers.

Status: Completed

Documentation: Team Leader File Review Reports; Medication Administration Attendance, "Weekly Wrap Up" Articles Published; Copy of Electronic Transmission; "DCS ALLS"; Compiled Well-Being Training Report; Compiled Educational Advocacy Report; Technical Assistance Agenda and Minutes Calendar
Reference Consent Decree: ¶ 39(a); 39(e); 39(o); 78

Department of Education
EPSDT/TENNderCare Outreach and Informing

Pursuant to T.C.A. § 49-2-203, Department of Education (DOE) has limited regulatory authority over local education agencies (LEAs). However, the Department provides guidance and technical support to assist LEAs in being a focal point to identify and provide care to children with specials needs, to increase student access to both preventive and curative health services, and to encourage appropriate use of health care resources.

TENNderCare Flyers

The Commissioner of Education continues her commitment to the Children's Cabinet that DOE will work in partnership with TennCare to make available TENNderCare information during the school year.

In addition, the TennCare Bureau issued TENNderCare Outreach flyers to all public schools in Tennessee. These outreach flyers emphasized the need for children to visit their medical provider for a TENNderCare exam even when they are not sick.

Collaboration between the Tennessee School for the Blind and DOH Community Outreach Program

The Tennessee School for the Blind (TSB) continues its collaboration with DOH for its students who are TennCare eligible. A meeting was held between DOH and Tennessee Schools for the Blind (TSB) on April 17, 2007, to discuss TENNderCare Outreach during Tennessee School for the Blind (TSB) student registration on August 10, 2007 and August 12, 2007 for the 2007-2008 school year.

TSB also invited the Nashville Davidson Metro Region (NDR) Community Outreach staff to provide TENNderCare outreach in July 2007 to parents who bring their children to TSB for summer enrichment camp and preschool diagnostic activities.

Status: Completed and Ongoing
Reference Consent Decree: ¶ 39(a); 39(b)

Department of Education, Division of Special Education

The Division of Special Education (DSE) continues to promote inclusion of TENNderCare training for Division Staff and Supervisors of Special Education in LEAs through regional meetings. The purpose of the training is to inform special education supervisors about periodic screenings, interperiodic screenings, vision, dental, hearing services and behavioral health services provided under the TENNderCare program.

Status: Completed and Ongoing
Documentation: Special Education Technical Assistance Log
Reference Consent Decree: ¶ 39(I)

Tennessee's Early Intervention System (TEIS)

A link to the TENNderCare Web site is available on the TEIS section of DOE's Web site to assist families or providers in easy access to the information. This link is located at: http://www.state.tn.us/education/speced/TEIS/otherlinks.htm

In addition, the TEIS Central Directory is now included on the TEIS Web page to assist families in finding specific service providers in their district. The directory is located at: http://www.state.tn.us/education/speced/TEIS/regional_map.htm

The directory is available in hard copy to both families and service providers to assist in the location and coordination of services for infants and toddlers with disabilities and their families.

TENNderCare brochures were issued to all TEIS District offices for distribution during public awareness activities and to be included in intake packets. TEIS offices are not required to collect data on the number of brochures distributed, but TEIS continues to include the EPSDT periodicity schedule in all intake packets.

DOE requires all persons acting as service coordinators for Part C eligible children to complete training comprised of 10 Modules that cover the responsibilities of service coordinators. Service Coordinator Training Modules 6 and 7 address how coordinators are to complete family and child assessments, including screenings, evaluations, and assessments for programming. In Module 7, "approved" trainers who are providing the training are advised to inform the Service Coordinator of the specific practices and tools used in their districts, which include EPSDT/TENNderCare. There are also field observation tools for screening. In Module 6, (6.16a) there is a portfolio assignment that direct the service coordinator to the TennCare Web site where EPSDT/TENNderCare is one of the covered topics. Service Coordinators build a resource guide to have local district programs reviewed with a service coordinator from the area, and to schedule site visits with three - five key service providers in their area. Currently, 153 Service Coordinators across the State are fully trained using the new training curriculum including 105 from TEIS and 48 from the Division of Mental Retardation Services (DMRS) agencies.

The Tennessee Early Intervention Data System (TEIDS) has been developed as a Web-based data system. The purpose of TEIDS is to help provide a critical flow of information within a dynamic hierarchy of administrative entities at the agency, district, and statewide levels. TEIS consists of a central state office that coordinates and supervises the functions of nine district offices. TEIS District Offices are currently having the functionalities provided through TEIDS.

Status: Completed and Ongoing
Reference Consent Decree: ¶ 39(I)

Department of Education Training for TennCare/EPSDT Providers

In coordination with Tennessee Chapter of American Academy of Pediatrics (TNAAP), TEIS District personnel have participated in the Screening Tools And Referral Training (START) training for EPSDT providers. This training was designed to provide information to primary care physicians (PCPs) about follow-up and coordination of resources available to children ages birth to three who are suspected of having developmental delays through the Tennessee Early Intervention System.

Status: Completed and Ongoing
Documentation: START Regional Training Events July 1, 2006 through June 30, 2007
Reference Consent Decree: ¶ 42(a)

TEIS Screening Outreach

TEIS receives notification and referrals for potentially eligible children from a variety of referral sources. Upon initial notification to the TEIS offices of a potentially Part C eligible child, TEIS personnel administer, obtain results of (if already conducted), or assist families in obtaining developmental screenings in accordance with IDEA. The purpose of this screening effort is to ascertain whether further evaluation procedures are necessary to determine eligibility for TEIS services. As part of this process, all families are provided copies of the EPSDT periodicity schedule. If a child is determined to be eligible for TEIS services, TEIS Service Coordinators provide ongoing information and advice to families regarding the availability of and the need for further diagnostic and treatment services.

Status: Complete and Ongoing
Documentation: Tennessee Early Intervention System Quantitative Data Report
Reference Consent Decree: ¶ 78

Head Start
EPSDT/TENNderCare Outreach and Informing

The following section regarding Head Start EPSDT/TENNderCare Outreach, although not providing information on the provision of EPSDT services by

contracted providers, reports activities that assist the State in meeting EPSDT goals of outreach and informing.

Head Start programs encourage families to be responsible for taking their children for preventive care and serve as a resource to families if barriers to accessing care are encountered. According to Head Start Program Performance Standards, all children enrolled in Head Start are to receive medical screenings and dental exams within 90 calendar days of enrollment, or as otherwise specified. This timeline assures that each child has received medical and dental care in addition to the routine practice of good health habits on a daily basis. Through collaboration with the EPSDT/TENNderCare program, new outreach activities were made available to the Head Start programs statewide. All outreach materials were distributed to Head Start programs for use in their program health fairs, parent meetings on health issues, and Head Start program displays and exhibits.

The Director of the Tennessee Head Start State Collaboration Office participated in several statewide conferences. Head Start materials were on exhibit; EPSDT materials, TENNderCare items, TENNderCare Children with Special Needs flyers were also were distributed. The exhibits were at the following events:

- Tennessee Conference on Social Welfare
- Tennessee Association for Young Children
- Tennessee Head Start Conference
- Tennessee Head Start Oral Health Forum
- Tennessee Head Start Community Day event

Status: Ongoing
Documentation: Head Start Program Performance Standards: 45 CFR Part 1304 Program Performance Standards for the Operation of Head Start Programs by Grantee and Delegate Agencies accessed online June 28, 2007 at: http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management Head%20Start%20Requirements/Head%20Start%20Requirements/1304#child
Reference Consent Decree: ¶ 39(d); 78

Department of Health EPSDT/TENNderCare Outreach and Informing

Community Outreach

Beginning July 1, 2007, the Community Outreach program further advanced its reporting process by regional staff entering data into the Patient Tracking Billing and Management Information System (PTBMIS) in all 13 DOH regions. Below are data from PTBMIS listed in Table 8 Community Outreach Activities and Table 9 TENNderCare Educational Materials:

Table 8

Department of Health Community Outreach Activities											
Community Outreach Activity	Data	Adole-scents (Ages 13-17)	Tenn-Care Eligible	Faith-Based	General Public	Limited English/ Limited Reading Proficiency	Pre-school (Ages 0-5)	School Age (Ages 6-12)	Special Health care Needs	Young Adults (Ages 18-21)	Grand Total
Annual Agency	# Events	0	0	1	21	0	0	0	0	0	22
	# Contacts	0	0	20	425	0	0	0	0	0	445
Attempted Home Visits	# Events	76	1,773	0	1,081	95	36	121	0	5	3,187
	# Contacts	0	0	0	0	0	0	0	0	0	0
Brochure Distributions	# Events	582	1,120	66	6,200	113	223	361	17	21	8,703
	# Contacts	810	1,392	147	5,828	210	290	458	23	23	9,181
Completed Home Visits	# Events	24	848	0	97	261	9	44	5	5	1,293
	# Contacts	26	1,490	0	155	416	12	65	16	6	2,186
Direct Mailings	# Events	98	2,269	345	4,492	5	351	75	182	0	7,817
	# Contacts	106	2,701	363	6,083	5	377	149	182	0	9,966
Invitations	# Events	11	731	11	840	276	1	4	0	0	1,874
	# Contacts	0	0	0	177	0	50	0	0	0	227
Local Specific Activities	# Events	279	1,416	456	3,678	86	366	522	47	79	6,929
	# Contacts	19,954	33,012	21,274	129,043	3,430	9,530	41,744	13,46	3,159	262,492
Coalition	# Events	13	3	3	238	1	2	0	2	1	263
	# Contacts	130	29	32	3,479	16	11	0	55	14	3,766
Media Broadcast	# Events	0	0	0	7,264	0	0	0	0	0	7,264
	# Contacts	0	0	0	0	0	0	0	0	0	UK
Media Published	# Events	0	2	0	67	0	0	0	0	0	69
	# Contacts	0	0	0	0	0	0	0	0	0	UK
Newsletter Articles	# Events	1	1	0	8	0	2	6	0	0	18
	# Contacts	0	0	0	0	0	0	0	0	0	UK
Newsletters	# Events	0	0	0	697	0	0	1	0	0	698
	# Contacts	0	0	0	0	0	0	0	0	0	UK
Contracts Signed	# Events	0	0	0	3	0	0	0	0	0	3
	# Contacts	0	0	0	0	0	0	0	0	0	0
Packets Distributed	# Events	16	196	32	456	34	161	29	4	0	928
	# Contacts	16	218	31	492	148	82	33	24	0	1,044
Presentations	# Events	15	8	8	142	5	12	5	3	0	198
	# Contacts	691	170	310	4,615	84	267	207	6	0	6,350
Welcome to TENNder-Care	# Events	0	65	0	14	3	0	0	2	1	85
	# Contacts	0	5,671	0	2,684	68	0	0	41	7	8,471
Media Other	# Events	4	42	12	176	1	0	11	0	7	253
	# Contacts	0	0	0	0	0	0	0	0	0	UK
Total # Events		1,119	8,474	934	25,474	880	1,163	1,179	262	119	39,604
Total # Contacts		21,733	44,683	22,177	152,981	4,377	10,619	42,656	1,693	3,209	304,128
UK= Unknown											

Table 8, Community Outreach Activities represents the cumulative number of community outreach events that are stratified according to the target populations. The number of contacts represents the total number of face-to-face or written contacts that were made as a result of the community outreach activities. The number of contacts is unknown for media activities, newsletters and newsletter articles because there is not a definitive method to measure the number of TennCare enrollees in the general public who listened to radio or TV broadcasts, read newsletters or newsletter articles about the TENNderCare program or other types of media.

Table 9, TENNderCare Educational Materials are the number of materials distributed through the various community outreach activities which are stratified according to the target populations. The total number of educational materials that were distributed as the result of all outreach activities totals 583,756.

Table 9

TENNderCare Educational Materials										
TENNder Care Educational Material	Adole-scents (Ages 13-17)	Tenn-Care Eligible	Faith-Based	General Public	Limited English/ Limited Reading Pro-ficiency	Pre-school (Ages 0-5)	School Age (Ages 6-12)	Special Health care Needs	Young Adults (Ages 18-21)	**Grand Total**
CSHCN Flyers	15	10	1	16	0	0	39	921	0	**1,002**
English Brochures	9,925	36,552	20,986	161,680	642	13,287	33,012	1,333	1,674	**279,091**
English Flyers	7,048	18,955	7,942	128,503	864	5,598	27,116	1,072	404	**197,502**
English Paycheck Inserts	0	1,276	0	1,865	113	0	0	0	30	**3,284**
English Posters	80	80	22	548	29	40	183	1	13	**996**
Teen Brochures (English)	27,434	1,840	478	6,320	100	288	1,277	164	321	**38,222**
Spanish Brochures	267	5,471	459	12,125	18,778	1,263	2,070	8	17	**40,458**
Spanish Flyers	53	3,310	163	8,281	3,103	238	1,837	51	135	**17,171**
Spanish Paycheck Inserts	0	651	0	321	138	0	0	0	30	**1,140**
Spanish Posters	9	44	4	20	121	16	13	0	0	**227**
Teen Brochures (Spanish)	1,824	448	0	510	1,581	100	200	0	0	**4,663**
Grand Total	**46,655**	**68,637**	**30,055**	**320,189**	**25,469**	**20,830**	**65,747**	**3,550**	**2,624**	**583,756**

Highlights of TENNderCare outreach:

- Three hundred four thousand one hundred twenty-eight contacts were made as a result of all the community outreach activities.
- Six thousand nine hundred twenty-nine Local Specific Activities were completed, resulting in two hundred sixty two thousand four hundred ninety-two contacts mostly through face-to-face contacts with TennCare enrollees under the age of 21, individuals who work with TennCare enrollees and the general public. Local Specific Activities were formerly identified in previous SAR reports as Community Outreach Activities.
- Five hundred eighty three thousand seven hundred fifty-six educational materials were distributed through the different outreach activities.
- Media activities include: 7,264 Media Broadcasts (Television or radio broadcast), 253 Media Other (TENNderCare outreach messages were

displayed on billboards, scrolling billboards or bulletin boards in public areas), and 69 Media Published (articles published in local newspapers or magazines).

- One hundred ninety-eight presentations were made to professionals who work with TennCare enrollees or professionals in the general public to educate them about the TENNderCare program.
- Home visits were conducted at 1,293 households where face-to-face contact was made with parents or guardians to provide EPSDT outreach for 2,186 TennCare eligible children.
- Home visits were attempted at 3,187 households at which the parent/guardian did not answer the door. In such instances, community outreach staff left TENNderCare brochures, TENNderCare flyers or home visit packets so the parent/guardian would have additional written outreach information on the benefits of the TENNderCare program.
- Seven thousand eight hundred seventeen direct mailings were sent to enrollees, the parents of TennCare enrolled children or individuals who work with enrollees to inform them about TENNderCare services, resulting in 9,966 contacts. The number of contacts may be greater than the number of events because multiple TennCare eligible children may live in a household.

Status: Completed and Ongoing
Documentation: Community Outreach 2007 3rd Quarter Report; Community Outreach 2007 4th Quarter Report
Reference Consent Decree: ¶ 39(a); 39(d); 40; 51; 78

TennCare Home Visit Project

Background

From April through September 2007, DOH and TENNderCare Community Outreach Central Office staff discussed with the Division of Quality Oversight in TennCare about performing targeted home visits to improve adherence to the recommended EPSDT screening schedule among non-adherent 10 to 14 year old adolescents. According to the screening ratios reported in the CMS 416, EPSDT adherence begins a dramatic decline in the 10 to 14 year old age group. In 2006, TennCare received claims for 92% of screens scheduled for 6 to 9 year old youth, but only 46% of screens scheduled for 10 to 14 year old youth. DOH TENNderCare Community Outreach staff expressed interest in performing home visits, and had collaborated with MCOs and private providers to target specific families in the past. By collaborating directly with TennCare, all eligible families have an equal chance of receiving outreach in the home. In addition, the project was designed to include a valid evaluation of the effectiveness of home visits.

Initially, TennCare proposed two groups be assigned to the population of 10-14 year old youth who had not received a periodic screening in the previous 18 months. TennCare proposed the selected youth:

- Be targeted for a home visit by DOH or
- Be part of a control group that is not targeted for a home visit.

The proposed evaluation is an intention-to-treat, randomized clinical trial in which the rate of EPSDT adherence among home visited youth is compared with the rate of EPSDT adherence among youth not selected for a home visit by TENNderCare Community Outreach staff. However, there were insufficient numbers of 10 to 14 year old youth in the initial sample and the population was expanded in November 2007 to include 10 to 18 year olds who had not received an EPSDT screening.

Population

Ten of the 13 DOH regions elected to participate in the home visit project from October 2007 through October 2008. The Community Outreach Regional Directors/Managers selected the number of home visits that their region could attempt, considering the size of their staff and the other TENNderCare outreach activities identified in their regional Community Outreach plans. Five metro regions selected a specific number of youth by zip codes. Rural regions requested the number of youth by county. The criteria regions used to determine the number of youth in the sample by zip code or county depended upon their demographic knowledge. Each month a complete list of non-adherent 10 to 18 year olds with dates of birth in the preceding month are generated and youth are randomly selected for home visits where the number of youth eligible for home visits exceeds the number requested by the regions. Youth who live in regions where home visits are not planned, or who are not randomly selected for a home visit, serve as the control group.

Intervention

In collaboration with TennCare, DOH developed instructions for the Community Outreach staff, informing them about the purpose and scope of the home visit project, a script to use when completing a home visit or attempted home visit, and how to document the home visits. If the parent/guardian of a youth identified in the sample was not at home, the Community Outreach staff were instructed to leave TENNderCare information at the parent/guardian's home, along with contact information in the event the parent/guardian has any questions about the reason for the home visit. In some instances, staff delivered TENNderCare written outreach materials through direct mailings.

Results

The results of the home visit project will be reported at the conclusion of the project.

Evaluation

If the TENNderCare outreach home visits are successfully motivating families to obtain a TENNderCare screening. TennCare anticipates that the family has been informed on the importance of an EPSDT screening and will support the

youth to schedule an appointment with their health care providers within eight weeks following the completed or attempted home visits. TennCare will receive claims for these screenings. In April 2008, TennCare will evaluate claims for screenings and compare the non-adherent youth who were identified youth that received an EPSDT screening .

Status: Completed and Ongoing
Documentation: Instructions for the TennCare Not Up-To-Date List and Home Visit Script
Reference Consent Decree: ¶ 39(a); 39(d); 40; 51; 78

Monitoring of Community Outreach Plans

From October 17, 2007 to October 30, 2007, the State Community Outreach Director completed site visits in each of the 13 DOH regions in order to monitor compliance with the new Community Outreach Plans approved in June 2007 and implemented July 1, 2007. All of the regions complied with the reporting requirements. Five of the thirteen regions were notified in writing in December 2007 of the minor revisions to be made to the Community Outreach plans. These revisions will be completed by January 31, 2008.

Status: Completed and Ongoing
Documentation: 2007 Community Outreach Site Visit Tools Template
Reference Consent Decree: ¶ 39(a); 40

TENNderCare Outreach Call Center

The DOH TENNderCare Outreach Call Center has been operational since April 1, 2005. The Call Center provides outreach by phone to families of newly enrolled and newly re-certified TennCare children. The Call Center is staffed with twenty-five Managed Care Operators, two Managed Care Technicians, two Managed Care Specialists who supervise the Managed Care Operators, a Managed Care Program Manager, and an Administrative Assistant who provides clerical support to the Call Center.

Each week, the Bureau of TennCare forwards a list of all newly enrolled and re-certified TennCare children to DOH. This list of children is imported into the Call Center's Early Periodic (EP) database system. The Call Center attempts to contact the parents/guardians of these children to advise them of the benefits of EPSDT screenings and assist them in making appointments for these services with their primary care providers or local health department clinics. The operators also make follow-up calls to the parents to determine whether the appointments were kept and reschedule the appointments, as necessary.

Appointment reminder cards were mailed to the parents/guardians of each child for which an appointments were made. Contact cards were sent to the parents/guardians of enrollees for whom TennCare does not have telephone information. These contact cards inform parents/guardians of the importance of preventative health care and the benefits of receiving an EPSDT checkup,

and advise them to contact their health care provider or managed care organization to make an EPSDT appointment, if needed. Tables 10-14 below reflect Call Center data for this reporting period.

Table 10

Call Center Data and Types of Contacts		
Activity	Comments	Number
No. of contacts attempted	Calls attempted by the call center to families within the past six months (reported by child)	167,756
No. of contacts made	Calls completed within the past six months (reported by child)	72,799
No. of appointments scheduled	Number of EPSDT appointments scheduled by the call center within the month.	PCP-2,722 HD-308
No. of follow-up calls placed	Number of calls made within the month to follow up on issues identified in original call with family.	18,045

Table 11

Transportation	
No. of enrollees whose EPSDT appointments were scheduled by the Call Center operators and the enrollees were offered transportation assistance.	3,030
No. of enrollees who accepted transportation assistance	399

Table 12

Results of Attempted Contacts Breakdown of Contacts Attempted	Number
Contacted parent/guardian, who is interested	3,899
Enrollee phone busy	3,979
Please call back later	13,970
Enrollee moved	1,005
Phone not in service	17,212
Rude Answerer	1,347
No answer	25,742
Not interested	40,332
Disconnected before translator could be added	118
Answering machine picked up.	52,080
Wrong number	8,024
Other	48

Table 13

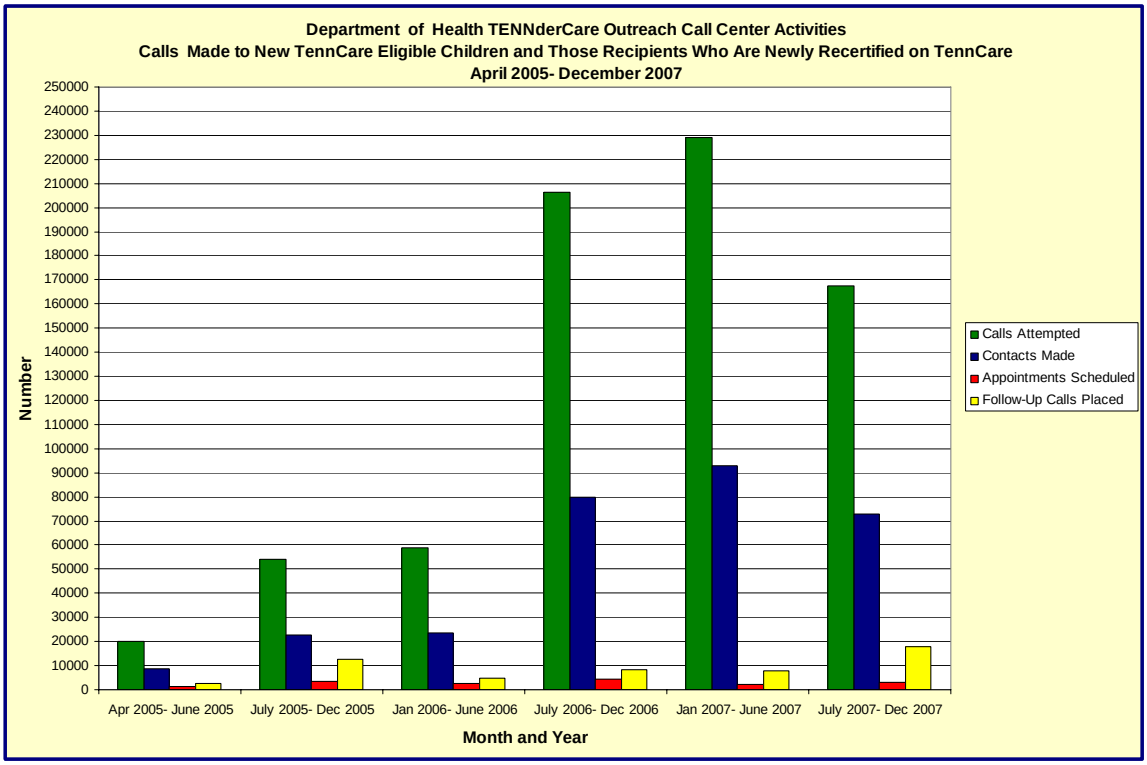
Documentation of Reasons Services Declined Reasons Given for Not Interested	Number
Has appointment already/will make own appointment	6,559
Inconvenient	866
No longer eligible	529
Had recent checkup	31,455
Child refuses	47
Service not believed to be necessary	141
Child died	25
No reason documented	710

Table 14

Appointment Follow Up Results	Number
Kept appointment	1,159
Did not keep appointment	712
Unable to reach	2,784
Percent appointments kept	62%

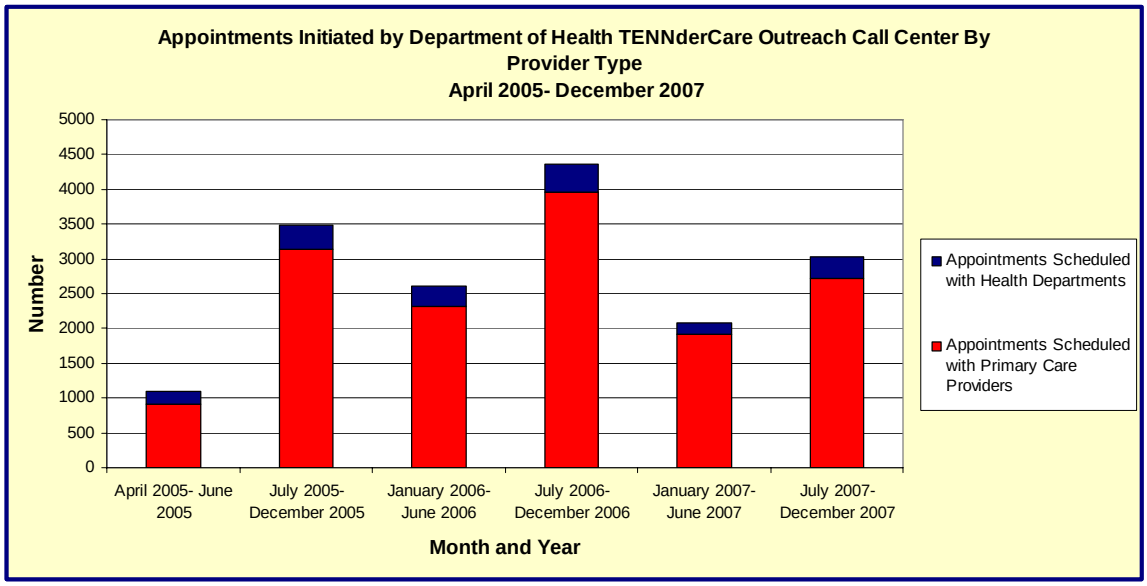
Since its inception in April 2005, Figure 2 indicates that the Department of Health TENNderCare Outreach Call Center has attempted to make over 736,500 calls. Call Center data significantly increased after June 2006 due to the expansion of the Call Center. This expansion increased the number of Call Center operators from thirteen to twenty-six.

Figure 2



The Call Center offered assistance to parents/guardians to make appointment for their children to receive EPSDT services. From April 2005 through December 2007, the Call Center assisted parents/guardians in scheduling 16,600 appointments to receive screenings from the children's primary care providers or the health department, as seen in Figure 3.

Figure 3



Status: Completed and Ongoing
Documentation: 3rd Quarter 2007 Call Center Report; 4th Quarter Call 2007 Center Report
Reference Consent Decree: ¶ 39(a); 39(b); 39(d); 39(e); 39(g), 39(h), 39(i), 40; 51; 78

DOH Nursing Call Center

The Nursing Call Center staff attempted to call every pregnant woman on TennCare to discuss the importance of early contact and continuous prenatal care as well as the importance of TENNderCare screening for the infant according to the American Academy of Pediatrics (AAP) Periodicity schedule. In addition, the staff maintained a 1-877 LIVE TO ONE call-in line that gives pregnant women and new mothers access to a nurse to respond to their questions and concerns. The Nursing Call Center is currently staffed with one nurse practitioner and one registered nurse.

As a result, 2,912 pregnant women were assisted with prenatal resources and referred for dental care. Tables 15 and 16 reflect data for Nursing Call Center from July 1, 2007 to December 31, 2007 reporting period:

Table 15

Activity	Comments	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Totals
Total # of prenatal calls	Calls attempted	1,733	2,878	2,185	2,516	1,866	2,039	13,217
Total # of completed calls	Prenatal reached & message given	410	642	431	548	391	490	2,912
Total # of callbacks	Number of follow up calls	365	1,160	1,291	1,201	967	1,007	5,991
Completed callbacks	Reached & message given on follow up call	73	196	184	190	173	203	1,019

Table 16

Breakdown of Contacts Attempted	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Totals
Enrollee moved	11	10	6	13	9	11	60
Phone not in service	176	252	195	182	137	148	1,090
No answer	156	331	328	396	265	154	1,630
Got answering machine	653	1147	851	972	705	876	5,204
Wrong number	36	89	54	50	45	55	329
Please call back later	252	316	263	302	263	269	1,665
Phone busy	35	66	46	40	39	44	270
Not interested	0	0	0	0	0	0	0
Rude	4	25	11	11	14	20	85
Service completed	46	105	59	77	53	40	380
Trimester call	364	537	372	473	336	422	2,504
Totals	1,733	2,878	2,185	2,516	1,866	2,039	13,217

Status: Completed and Ongoing
Documentation: 3rd Quarter 2007 Nursing Call Center Report; 4th Quarter 2007 Nursing Call Center Report
Reference Consent Decree: ¶ 39(a); 39(n); 40

Department of Human Services EPSDT/TENNderCare Outreach

The Department of Human Services (DHS) continues to determine eligibility for more than 40 different Medicaid categories and processes enrollees who are being reviewed for TennCare Standard and TennCare Medicaid. TennCare Standard remains closed to new enrollment for both adults and children. Children who lose eligibility in a Medicaid category can potentially be "rolled over" to TennCare Standard if they are under age 19, have no insurance or access to insurance, and meet certain income guidelines. Children turning age 19 who are currently eligible as a TennCare Standard enrollee lose eligibility in that category due to age, but may be Medicaid eligible up to age 21. All categories of Medicaid remain open for children. Eligibility criteria for Medicaid categories differ depending on the child's age, family income, and for some categories, family assets.

DHS eligibility counselors inform applicants initially about EPSDT /TENNderCare services upon application for TennCare coverage and again during subsequent reviews. Eligibility counselors also explain the coverage provided by TennCare.

DHS Outreach for Target Populations:
Limited English Proficiency, Deaf, Illiterate or Visually Impaired

TENNderCare brochures and the DHS application form for Medicaid/TennCare, Food Stamps and Families First are available at local DHS offices in English and Spanish. The DHS application is available in English and Spanish through the DHS Web site.

Additionally, individuals may now apply for Medicaid/TennCare, Food Stamps and Families First on-line. The on-line application Web site may be accessed from the DHS Home Page by clicking on the box in the upper right hand corner that is titled "Check Eligibility or Apply for Benefits." The Family Assistance Screening and Application (FASA) Web site may be accessed 7 days per week, 24 hours per day, and is available in either English or Spanish, based on the user's language selection.

All notices sent by DHS include information about foreign language assistance. Notices are printed in Spanish if that language is the primary language.

DHS assists all clients with Limited English Proficiency (LEP) by providing free translation services, as needed:

- Translator services are provided through Open Communications International (OCI) that is the current vendor for State Government. Most translation services are provided through three-way telephone conversations among the client, the DHS counselor and the translator on the call.
- Alternatively, a client can request to have a translator present at the local DHS office for a face-to-face meeting with their eligibility counselor. Translation services are free to all clients and can be arranged.

Use of sign language assistance for office interviews or teletypewriters or telecommunication display devices (TTY or TDD) are available for the deaf or hearing impaired.

Individuals who are illiterate can authorize a representative to act on their behalf, usually a friend or family member or possibly an ombudsman or attorney. They can request assistance from their local DHS office in completing the application form and in obtaining needed verifications. They can also call the Family Assistance Service Center (FASC) for assistance or to ask questions about the application process. Notices they receive from DHS can be brought to their local office and read to them if they have no authorized representative to do so.

Individuals who have visual impairment can authorize a representative to act on their behalf for assistance in having written information explained to them. They can also request assistance from DHS in completing the application form or in obtaining required verifications. They can call the Family Assistance Service Centers (FASC) for information about their case, or to inquire about any

notices they have received. They can also bring written material to DHS in order to have it read to them.

Family Assistance Service Centers

Family Assistance Service Centers (FASCs) provide a single point of entry for customer service and create a more efficient and more easily accessible process for DHS clients with questions or changes to report. There are over 230 counselors currently handling calls from across the state at the four FASCs. The FASC locations are Morristown, Clarksville, McKenzie and Memphis. The staff is extensively trained and knowledgeable about all DHS services, particularly:

- TennCare eligibility guidelines and application process;
- EPSDT/TENNderCare services; and
- Requests for help regarding medical service delivery and/or reporting problems in TennCare coverage.

Families First Program

As a requirement of the Families First Program, a participant must develop a Personal Responsibility Plan (PRP) with a Families First case manager. The Families First program requires participants to ensure their children receive immunizations and health checks in accordance with the EPSDT periodicity schedule. DHS eligibility counselors explain this requirement at application and at each subsequent six-month review, with the adult caretaker in a way that is easily understandable. Immunizations and health checks are validated by eligibility counselors. Failure to comply with either the immunization or health check requirement without good cause results in a 20% reduction in the Families First cash assistance payment requirement. Children may be exempt from the immunization or health check requirement for good cause, if one of the following occurs:

- A physician or DOH provides a signed and dated statement giving a medical reason why the child should not be given a specified immunization; or
- A child's caretaker/parent makes a clear statement that such immunizations or health checks conflict with religious tenets and practices.

Partial Sanction Data

- DHS is capturing sanctioned data on child-only cases. The caretaker is not included in child-only cases because the caretaker is either Social Security Income recipient or the caretaker is not the child's parent and is not required to be included in the Families First case.
- From July 1, 2007 to December 31, 2007, DHS estimates 79,346 separate Families First cases received benefits. Of these cases, an estimated 427 cases were sanctioned for the lack of required health

checks. The mean number of months that clients were sanctioned totaled 2.9 months.

In calculating the number of Families First cases, an estimated 97% of Families First cases in 2007 were found to be in compliance with the Personal Responsibly Plan requirements. The Families First Program remains vigilant in ensuring that children receive their immunizations and EPSDT/TENNderCare screens according to the EPSDT periodicity schedule.

Status: Ongoing
Documentation: Source for Summary of DHS Families First Case; Data Extract-SAR December 31, 2007; DHS Families First Case Extract Data SAR December 31, 2007
Reference Consent Decree: ¶ 39(p)

Department of Mental Health/Developmental Disabilities EPSDT Outreach and Informing

DMHDD continues its outreach efforts contractually through the MCOs in Middle Tennessee and the BHOs in East and West Tennessee. Many of the outreach activities for the BHOs have been reported in detail in previous SARs.

Distribution of the Behavioral Health Organization Enrollee Handbook

The BHOs inform all enrollees assigned to their health plans who are under 21 years of age, or their parent(s), legal guardian(s) or legal custodian(s) of the availability of EPSDT services within 30 calendar days of enrollment and annually thereafter upon the enrollee's anniversary date of enrollment. Between May 15, 2007, and November 15, 2007, the BHOs distributed to heads of households, 7,331 Premier Behavioral Services (PBS) member enrollment handbooks and 15,568 Tennessee Behavioral Health (TBH) member enrollment handbooks, including information about accessing EPSDT/TENNderCare services.

TennCare completed the template for the enrollee handbook to be used by all MCOs participating in the TennCare Program. MCOs are required to send out one member handbook within 30 days of enrollment and then at least annually. They must also issue four quarterly member newsletters, and one reminder notice before an EPSDT screening is due, which includes an offer of transportation and scheduling assistance for an EPSDT screening.
DMHDD and TennCare worked together to develop the Enrollee Handbook template for use by the BHOs. The handbook template was originally projected for completion in winter 2006-2007, but postponed due to implementation of the new integrated health plans in Middle Tennessee. Upon completion of the handbook template, the BHOs will adapt the enrollee handbook to their individual plans. The BHOs will be given approximately 30 calendar days to adapt the handbook and submit plans to TennCare, Tennessee Department of Commerce and Insurance (TDCI), and DMHDD for review and approval prior to sending it to new enrollees. Presently, the BHOs are using their previously

approved handbooks and sending them to new members within 30 calendar days of enrollment into their plans.

Status: Ongoing
Documentation: TennCare EPSDT 2nd Quarter 2007 Report- PBS; TennCare EPSDT 2nd Quarter 2007 Report- TBH; TennCare EPSDT 2nd Quarter 2007 Report- Amerigroup; TennCare EPSDT 3rd Quarter 2007 Report- Amerigroup
Reference Consent Decree: ¶ 39

Distribution of BHO Provider Directories

BHOs and MCOs continue to distribute provider directories to all members upon enrollment and on an annual basis, thereby providing members ready access to an accurate list of names and phone numbers of contracted providers. Updated provider directories or bulletins are distributed to enrollees throughout the year. Additionally, BHO and MCO members may access up-to-date provider information on the BHO or MCO internet Web site. The BHOs and MCOs update their Web sites on an ongoing basis. BHOs and MCOs Web sites can also be accessed through the Bureau of TennCare's Web site.

Between May 15, 2007 and November 15, 2007, the BHOs have distributed, to heads of households, 129,259 PBS provider directories, and 277,784 TBH provider directories.

Status: Ongoing
Documentation: BHO Provider Directory available at www.magellanhealth.com; MCO (Amerigroup) Provider Directory available at: https://www1.amerigroupcorp.com/providers/ProviderPortalWeb/publicpages/tn/; MCO (AmeriChoice) Provider Directory available at: https://www.uhcrivervalley.com/10Provider/01AmeriChoice/
Reference Consent Decree: ¶ 39

Distribution of BHO Quarterly Newsletters

The MCOs are to distribute quarterly newsletters to their members. The newsletters are submitted to TennCare for approval and DMHDD reviews the behavioral health content and comments are sent back to TennCare. During this reporting period, DMHDD reviewed AmeriChoice's 4th quarter newsletter and Amerigroup's 4th quarter newsletter and offered comments on the behavioral health content to TennCare for consideration. DMHDD also collaborated with TennCare to review and approve AmeriChoice's submission of their TENNderCare Newsletter. While TennCare has the final approval of this document, DMHDD was able to provide feedback related to behavioral health issues and topics.

The BHOs distribute standard newsletters to enrollee heads of households on a quarterly basis. In addition, teen newsletters are distributed quarterly to enrollee head of households that contain a member or members who are between 15 and 20 years of age. The BHOs' first teen newsletter production and distribution occurred during the 3rd quarter. Between May 15, 2007 and

November 15, 2007, the BHOs completed and distributed six newsletters to heads of households: 205,492 PBS standard newsletters and 21,994 teen newsletters; and 455,751 TBH standard newsletters and 37,149 teen newsletters.

Status: Completed
Documentation: PBS Enrollee Newsletter 2nd Quarter 2007; PBS Enrollee Newsletter 3rd Quarter 2007; TBH Enrollee Newsletter 2nd Quarter 2007; TBH Enrollee Newsletter 3rd Quarter 2007; PBS Teen Enrollee Newsletter 3rd Quarter 2007; TBH Teen Enrollee Newsletter 3rd Quarter 2007; AmeriChoice TENNderCare Newsletter; AmeriChoice Health Talk Newsletter; Amerigroup Member Newsletter
Reference Consent Decree: ¶ 39; 40

Behavioral Health Enrollee Education Plans

The MCOs provide a Health Education and Outreach report to TennCare and DMHDD on a quarterly basis that lists information on the programs and activities they have conducted in the areas of health education and outreach. The 2nd quarter reports were received in July 2007 from both AmeriChoice and Amerigroup. DMHDD reviewed the behavioral health related information and did not note any concerns to TennCare.

AmeriChoice reported 46 outreach activities for 2nd Quarter that included these behavioral health related events:

- Mental Health Association of Middle Tennessee
- Tennessee Consumer Mental Health Association
- Tennessee Voices for Children
- Our Place Peer Support Center
- Cheer Peer Support Center
- My Friend's House Peer Support Center

Amerigroup reported 40 outreach activities for 2nd Quarter that included this behavioral health related event:

- NAMI Ambassador of Hope Awards Dinner

The BHOs are required to complete Enrollee Education Plans each year outlining how and what information they will provide to enrollees in the coming fiscal year. DMHDD sought input from the Consumer Advisory Board of the Mental Health Planning and Policy Council as to the minimum elements that the enrollees they represent would like to have addressed through the BHOs' education efforts. Their input and contractual standards led to the development of minimum standards required of the BHOs Enrollee Education Plan for approval by DMHDD. The BHOs Enrollee Education Plans for this fiscal year were due on July 1, 2007. The plans were reviewed and approved.

Status: Ongoing

Documentation: Member Education Plan for FY 2007-2008; Amerigroup Education and Outreach Report 2nd Quarter 2007; AmeriChoice Health Education Community Activities Calendar
Reference Consent Decree: ¶ 39

Magellan Outreach Activities

During this reporting period, the BHOs conducted the following outreach activities:

- Magellan/DCS Coordination: DCS and the Tennessee Care Management Center Clinical Services Department developed a partnership during 2007 to further coordinate interventions for the care of children in state custody as well as strategies to prevent children from going into state custody. These interventions which began to be implemented during the third quarter of 2007 included:
    - A dedicated phone line for direct access to Magellan clinical staff by DCS staff,
    - A streamlined referral process for DCS staff,
    - Access by Magellan clinicians to DCS clinical software, and
    - Development of a shared protocol between the two agencies for transition of children from state custody to adult mental health services at age 18;
- Addition of Clinical Manager for Children's and Adolescent's Services Staff Position;
- 3rd and 4th Quarter Regional Provider Meetings (East, Middle and West Regions);
- 3rd and 4th Quarter Planning Council Meetings (East, Middle, West Regions);
- 4th Quarter Network Provider Meeting Training on EPSDT (East, Middle, West Regions);
- Quarterly or Bi-monthly Provider Improvement Meetings with Transportation Providers: North East CSA, South East CSA, East Tennessee Human Resource Agency, and Knox County Community Action Committee;
- Provider Improvement Meetings (Quarterly or Bi-Monthly) – Inpatient Hospitals: Indian Path Pavilion, Woodridge Hospital, Peninsula Hospital, Lakeshore Mental Health Institute, Moccasin Bend Mental Health Institute, St. Mary's Hospital, Parkridge/Valley Hospital, Cumberland Hall Hospital and Residential Treatment Center;
- Provider Improvement Meetings, Monthly - All Community Mental Health Centers in East, Middle, West Regions;
- TENNderCare Brochure Distribution (Spanish and English) – All Community Mental Health Center, Providers in East, Middle, West Regions and Mountain State Alliance, Action Counseling Alcohol and Drug Intensive Outpatient, Hope of East Tennessee Alcohol and Drug Intensive Outpatient, Child and Family Services of Tennessee, SteppenStones Residential, Intensive Outpatient and Outpatient Services Program, Alternative Counseling, Council for Alcohol and Drug Abuse

Services, Alcohol and Drug Intensive Outpatient and Residential, and Recovery Living Services Alcohol and Drug Intensive Outpatient;
- Quality Improvement Provider Audits Education: Comprehensive Counseling Network, Council for Alcohol and Drug Abuse Services Intensive Outpatient, Indian Path, Peninsula, Valley, Compass, Lakeside, Youth Villages, Case Management, Inc., Pathways, New Hope Recovery, Frontier Intensive Outpatient, Magnolia Ridge Alcohol and Drug Intensive Residential Treatment Center and Intensive Outpatient and individual high volume providers;
- Providence Site Visit;
- Magellan Recovery and Resiliency Forum in Jackson, Tennessee and Oak Ridge, Tennessee – Distribution of TENNderCare brochures and Member Newsletters at Magellan booth; and
- Children Health Care Outreach Event at Tennessee School for the Blind, Nashville, Tennessee.

Status: Ongoing
Reference Consent Decree: ¶ 39

DMHDD TENNderCare Training

To ensure new employees in relevant divisions are knowledgeable of TENNderCare, DMHDD established a procedure requiring new employees to review an on-line training course. From June 2, 2007 thru November 1, 2007, six DMHDD employees completed the TENNderCare on-line training course.

Status: Ongoing
Documentation: DMHDD New Employee EPSDT Training Protocol was provided with the July 2007 SAR
Reference Consent Decree: ¶ 39

Division of Mental Retardation Services EPSDT/TENNderCare Outreach and Informing

The Tennessee Division of Mental Retardation Services (DMRS) operates three Home and Community Based Services (HCBS) Medicaid waiver programs to provide long-term care services and supports to persons diagnosed with mental retardation. As of December 13, 2007, there were 556 persons under age 21 enrolled in the Medicaid waiver programs. As stated in previous Semiannual reports, staff with the DMRS Central Office and GOCCC have provided DMRS independent support coordinators and case managers with appropriate information and training about the EPSDT/TENNderCare program.

DMRS also provides services and supports to persons with developmental disabilities through the Family Support program. From July 1, 2007 through September 30, 2007, Family Support services were provided to 1,534 persons ages birth to 22 who have a severe developmental disability. The Family Support case managers ensure that all applicants who receive TennCare understand how to access the EPSDT/TENNderCare program.

There are currently 2,700 children under age 21 waiting for DMRS waiver services. Many of these children are not currently eligible for TennCare Medicaid/EPSDT services; however, for those who are, the DMRS case managers ensure the children's guardian and/or conservator is aware of the services available under EPSDT/TENNderCare.

DMRS case managers provide all persons entering the DMRS system with a copy of the *DMRS Family Handbook: A Roadmap to State Services for Adults and Children Who Have Mental Retardation*. The Family Handbook, a valuable resource for families and consumers, contains information on DMRS services and other state agency programs, including EPSDT/TENNderCare. Case managers ensure that families are informed and have a full understanding of the information contained in the handbook.

To further assist families with navigating state programs, staff from the DMRS Central Office conducted family outreach training across the state on various topics, including the EPSDT/TENNderCare program. From January 2007 through September 2007, 78 family training sessions were conducted with 422 persons attending.

Status: Ongoing
Documentation: The DMRS Family Handbook; DMRS Family Training Schedule
Reference Consent Decree: ¶ 39(a); 78; 81

B. Early and Periodic Screening

TennCare EPSDT/TENNderCare Screening

The Bureau of TennCare reported to the Centers for Medicare and Medicaid Services (CMS) a screening percentage rate of 77 percent for the federal fiscal year (FFY) 2006. This rate reflects a current increase of 2 percentage points from 2005 and a 38 percentage point increase from the baseline year of 1996. The MCOs reported 343,231 EPSDT Well-Child Screening Encounters in their quarterly reports during this reporting period.

Status: Completed
Documentation: CMS 416 Annual Report FFY2006; MCO EPSDT Quarterly Reports, 2nd and 3rd Quarter 2007
Reference Consent Decree: ¶ 41(b); 41(c); 46

EPSDT Medical Record Review

The 2007 Early Periodic Screening Diagnosis and Treatment (EPSDT) Medical Record Review (MRR) was conducted by nursing consultants from the Division of Quality Oversight, Bureau of TennCare, Tennessee Department of Finance and Administration, from March 18, 2007 to May 1, 2007. Results were ready after July 1, 2007. A stratified random sample of five hundred and twenty medical records constituted the audit sample for review. All records selected were for dates of service from April 1, 2006 to September 9, 2006. The MRR was conducted in ninety-five cities and towns throughout the state at three hundred and twenty-five medical provider offices and Health Department clinics. A total of four hundred and eighty eight medical records were reviewed.

Annual medical record reviews are conducted in order to demonstrate the extent to which medical providers are in compliance with documentation of the seven components required for the provision of comprehensive EPSDT screenings. These screens are available to children and adolescents under the age of 21 who are enrolled in the TennCare program.

Records were selected for audit based on the CPT and ICD-9 codes as specified in HEDIS 3.0 and further limited to primary care providers using specialty codes. The population of EPSDT encounters was stratified by MCO and recipient age group prior to sample selection. Data was collected and analyzed by the epidemiologist and statistical staff of the TennCare Quality Oversight Division. A statistical analysis of data was conducted for the following:

- Distribution of selected records by MCO and age;
- Overall component compliance documentation rate by MCO and age; and
- Individual component compliance documentation rates by MCO, age, and grand division

The overall statewide weighted average for compliance with the seven required components of an EPSDT screen (well-child checkup) for reporting year 2006

was 89.1 percent. This represents a 0.9 percentage point increase from the 88.2 percent overall documentation of compliance rates reported for 2005. The Adjusted Periodic Screening Percentage (APSP) was 68.7 percent based on the provisional 2006 CMS 416 screening rate of 77.1 percent. This represents a 2.4 percentage point increase from the 66.3 percent APSP recorded for 2005.

The highest rates of individual component compliance for 2006 were for immunizations and unclothed physical exam. These two components also showed the greatest increases from the previous year and were statistically significant improvements in logistic regression models after applying a correction for multiple comparisons. In 2006, individual documentation compliance rate for the unclothed physical exam was 91.6 percent as compared with 81.8 percent during the previous year, an increase of 9.8 percentage points. The immunization documentation rate for 2006 was 93.7 percent compared with 85.9 percent in 2005, an increase of 7.8 percentage points. The increased documentation compliance rate in the unclothed physical and immunization components may be attributable to the increased focus on these two components following the results of the review of 2005 medical records.

Status: Ongoing Annually
Documentation: Annual EPSDT Medical Record Review September 2007
Reference Consent Decree: ¶ 48; 50

EPSDT Dental Activities

TennCare members under age 21 are eligible for medically necessary treatment including diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral surgery, orthodontics, and adjunctive general services. Specific dental procedures are defined by Current Dental Terminology (CDT Codes D0100-D9999).

Doral Dental is the Dental Benefits Manager (DBM) for TennCare. All dental claims are processed by Doral and all medically necessary dental care is provided to eligible enrollees.

Between October 1, 2002 (year of the dental carve-out) to September 2007, the statewide dental provider network increased by 120% from 386 to 851 contracted dentists and continues to expand. The general dental provider network is comprised of approximately 657 dentists including 76 pedodontists. The remaining participating dental providers are dental specialists including endodontists, oral surgeons, orthodontists, periodontists, and prosthodontists.

Since July 1, 2001, a partnership between the Bureau of TennCare and DOH has resulted in the ongoing provision of statewide oral disease prevention services primarily targeted for children in grades K-8 in public elementary schools where approximately 50% or more of the student population participates in the school lunch program and who may be at high risk for dental disease. Services include one or more of the following: dental screening, referral, follow-up, sealant application, oral health education, oral evaluation and TennCare outreach. DOH's School-Based Dental Prevention Program is

conducted in all 13 public health regions of the state. The combination of oral disease prevention and dental care services complement each other and are important in attaining optimal oral health for children.

Status: Completed
Documentation: CMS 416 Annual Report FFY 2006; Doral Dental Annual Report 2006 (previously submitted)
Reference Consent Decree: ¶ 41(k); 41(l); 40; 78

Tennessee Chapter of American Academy of Pediatrics Activities

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) has a grant from TennCare for the primary purpose of identifying barriers to, and improving compliance with, EPSDT requirements and associated performance standards. Current focus areas include:

EPSDT and Coding Physician Office Visits/Trainings

TNAAP conducted 29 introductory office visits, representing approximately 129 physicians. TNAAP conducted 37 expanded office visits/trainings, representing approximately 145 physicians. Staff also assisted various providers through 59 phone calls and 128 emails regarding questions on EPSDT and/or coding and billing information.

In addition to routine office visits and trainings, TNAAP participates in professional conferences, allowing another opportunity to present EPSDT information to TennCare providers and/or their staff. During this reporting period, TNAAP exhibited at the following professional conferences:

- Minority Health Conference
- Public Health Conference
- Tennessee Conference on Social Welfare Middle Region Fall Conference
- TNAAP Pediatric Emergency Medicine Conference and TNAAP Annual Meeting

Status: Complete and Ongoing
Documentation: Annual Summary of TNAAP EPSDT and Coding Office Visits December 2007; Annual Summary of TNAAP EPSDT and Coding Office Visits by Physicians Represented December 2007
Reference Consent Decree: ¶ 44

Development/Distribution of EPSDT Educational Materials

The ongoing distribution of educational packets to physician offices continues through office visits (packets include brochure, sample forms, EPSDT Manual, Pediatric Coding Book, and other materials). The bike helmet brochure has been translated into Spanish; the final version of the MCO Education Request Form has been distributed; EPSDT educational materials are updated on the

TNAAP Web site. In total, staff distributed over 16,000 copies of various educational and outreach materials.

Status: Complete and Ongoing
Documentation: TNAAP Education Request Form; TNAAP Spanish Car Seat Brochure; TNAAP Spanish Helmet Brochure
Reference Consent Decree: ¶ 44

Developmental/Behavioral Trainings and Outreach

TNAAP staff is involved in various formalized training sessions focused on EPSDT for providers, one of which is the Screening Tools and Referral Training (START) program. During this reporting period, TNAAP trained 48 physician practices on the START program. Included in the training sessions for each practice:

- Individual Practice Needs Assessments
- Pre-Training Surveys
- Program Evaluations
- Summary of Results

As part of the trainings, TNAAP develops practice specific referral resources lists, fulfills accrediting requirements prior to and following each training for continuing education hours and maintains dialogue with Tennessee Early Intervention System staff participating as presenters in the trainings.

In addition, four TNAAP physicians presented at an educational program of the Tennessee Association of Mental Health Organizations (TAMHO) and conducted a panel discussion on delivery of behavioral health services for children from the pediatric perspective, highlighting the successful pilot project between Centerstone and Columbia Pediatrics. In an effort to improve access to counseling services for children, this project places a behavioral health counselor in the pediatric office, increasing communication and referral services between the two entities. TNAAP staff attended TEIS Local Interagency Coordination Council (LICC) Meetings; Grand Rounds at Vanderbilt on "Mental Health and the Pediatric Practice" and continued collaboration with Centerstone and the Helen Ross McNabb Center to explore provision of follow-up visits to practices receiving START training.

Status: Complete and Ongoing
Documentation: TAMHO July 20, 2007 "Plenary Session" Program
Reference Consent Decree: ¶ 44

Autism Spectrum Disorder Diagnosis Training Pilot Program

TNAAP maintains its dedication to the Autism Spectrum Disorder (ASD) program. A START-ED program brochure was developed and distributed to physicians and press release was written to make the provider community and public aware of the program. TNAAP, in partnership with Vanderbilt's TRIAD

program, was instrumental in the development of the training curriculum and training materials along with a coding and documentation template. Initial training of four physicians took place in July 2007 and six autism assessments have been conducted with validation of assessments by TRIAD.

Status: Complete and Ongoing
Documentation: TNAAP START-ED Training Program Brochure
Reference Consent Decree: ¶ 44

Meetings and Workgroups

As part of their grant, TNAAP participates in various meetings and workgroups related to EPSDT. Meetings during this reporting period include:

- The TNAAP/TennCare Committee met August 7, 2007 and December 4, 2007
- TNAAP staff met with TennCare executive staff to discuss services for TennCare Select enrollees
- TNAAP EPSDT Director chaired monthly meetings of Provider Education and Participation (PEP) Workgroup

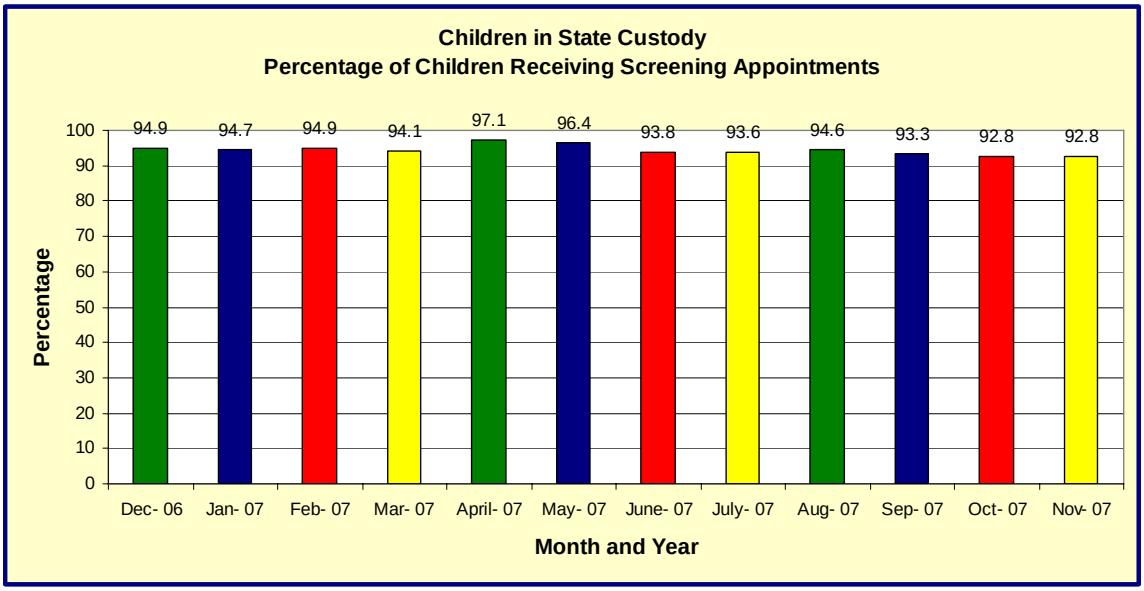
Status: Ongoing
Documentation: PEP Workgroup Agenda, July 10, 2007, August 7, 2007, September 11, 2007, October 9, 2007; TennCare TNAAP EPSDT Meeting Minutes August 7, 2007 and December 4, 2007
Reference Consent Decree: ¶ 44

Department of Children's Services
EPSDT/TENNderCare Screening

Processes to Measure Screenings and Follow-up
Monthly EPSDT Reports

Each month DCS measures the percentage of children who have been taken for an EPSDT screening. Data indicated that the overwhelming majority of children in custody complete an EPSDT screening on an annual basis. The report measures the number of EPSDT screenings for children in custody during the last 365 days. See Figure 4, for the percentage of children in state custody receiving an EPSDT screening within the last year.

Figure 4



This data exclude children who remain in custody less than 30 days or who are on runaway. Report measures children who have been taken for an EPSDT appointment.

DCS has developed a monthly "EPSDT checkup" that provides a graphic of regional percentages of EPSDT screenings. This information is provided to regional executive directors. The directors review this information to determine what steps need to be taken to maintain or improve their EPSDT screening rates working with the continuous quality improvement (CQI) efforts.

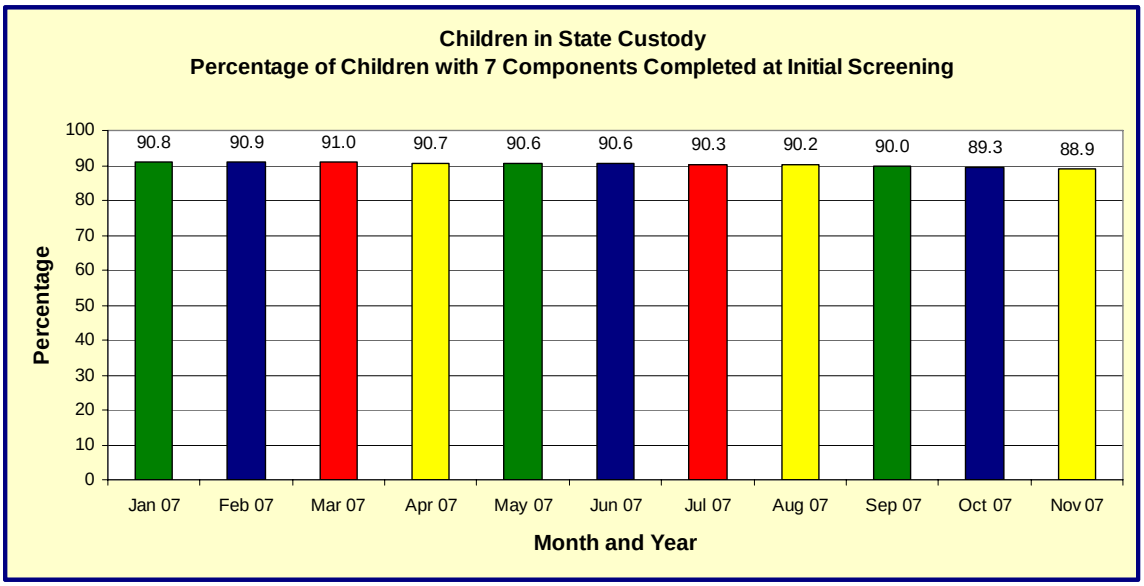
Regional detail indicates that 9 regions are consistent with the statewide rate of 92.8% or above. In the month of November, six of the DCS regions Hamilton, Mid-Cumberland, Northwest, Shelby, South Central, and Upper Cumberland had over 95% screening appointments met. Shelby County has improved during the past year, from 89% in October 2006 to 95% in November 2007. Two regions, Davidson and East, remain under the statewide average, with improvement plans. DCS central office and regional staff from Davidson, East, and Shelby held a conference call on September 17, 2007 to review EPSDT screening rate and reviewed improvement plans. Southeast region had a recent decline in EPSDT screenings. DCS central office will be working with the regional staff on a corrective action plan.

Status: Completed and Ongoing
Documentation: EPSDT Reports; EPSDT Checkup Report
Reference Consent Decree: ¶ 52; 94; 95

Tracking of Seven Components of EPSDT Screening

DCS tracks the seven components of the EPSDT screening. A report provides regional and statewide aggregate data. The average percentage of children documented as having received all seven components of the screening is 90.3% from January 2007 through November 2007. See Figure 5, for the percentage of children in state custody who received the seven components at the initial screening.

Figure 5



Children are referred for services relating to screening components that were not completed (i.e. child had ear infection; referral is made and then hearing screening was completed). The DCS Well Being nurse reviews recommendations for follow up services, and notifies the case manager regarding any follow up care needed.

To monitor follow up care, DCS has modified its child welfare tracking system, TNKids, to accommodate identified services and appointments, as well as completed services. These enhancements were effective January 22, 2007, and also amended selections for entering services in a drop down listing. More specific categories of services are now available. Additionally, DCS has made further refinements to its Health Services tracking which became effective in late August 2007. DCS will now be able to track the incomplete components of a screening to fulfill, and indicate the date all components are completed for each child. Reports regarding incomplete services have been developed which will support the regional tracking and monitoring of all health services.

Status: Completed and Ongoing
Documentation: EPSDT Reports, Example of Incomplete Services Report
Reference Consent Decree: ¶ 52; 54; 94; 95

Department of Health
EPSDT/TENNderCare Screening

Department of Health Screenings

DOH clinics conducted 28,994 health screenings during this reporting period. The DOH Table 17 indicates the activity for each of the thirteen public health regions.

Table 17

2007 Tennessee Department of Health Regional Six Month Screenings Report Health Screens By Month							
Region	July	August	September	October	November	December	Grand Total
Northeast	650	736	605	582	506	443	3,522
East	404	531	353	377	337	343	2,345
Southeast	310	350	257	217	147	152	1,433
Upper Cumberland	600	770	423	432	363	269	2,857
Mid Cumberland	461	524	337	407	367	248	2,344
South Central	439	524	297	240	203	170	1,873
West	1,136	1,287	690	662	562	476	4,813
Memphis/ Shelby	885	1,071	822	894	679	638	4,989
Nashville/ Davidson	54	154	169	288	215	144	1,024
Chattanooga/ Hamilton	98	98	62	91	67	79	495
Jackson/ Madison	106	140	103	102	76	55	582
Knoxville/ Knox County	401	479	305	454	320	267	2,226
Blountville/ Sullivan	96	99	78	88	70	60	491
Grand Total	5,640	6,763	4,501	4,834	3,912	3,344	28,994

Every effort is made to provide the seven component screening. If this is not possible for any reason, it is documented in the patient record, in the letter to the PCP, and in the letter to DCS.

Status: Ongoing and Completed
Documentation: PTBMIS Semiannual Health Screenings Report July 2007 through December 2007
Reference Consent Decree: ¶ 43

Oral Disease Prevention Program School Based Dental Prevention Program

This program is a statewide, comprehensive school based preventive dental program targeting children in grades K-8 in schools with 50% or more free and reduced lunch program participation. These preventive dental services are offered to all children in these targeted schools. Portable dental equipment is used by dental staff to provide dental screenings, comprehensive dental exams and sealants to this population. Referrals for all children with unmet dental needs and aggressive follow-up of those children with priority needs are also an effective part of this program. The screenings are provided to all children in the school and no information concerning TennCare status is available at this juncture in the program. Health education, oral evaluations by licensed dentists and preventive sealants are offered to all children in the targeted school as well as outreach information regarding TennCare eligibility and the application process. Oral evaluations and sealants require parental consent. Using the information provided on the consent, each child participating in the sealant program has their TennCare status verified.

The figures for July 2007-December 2007 are noted in Tables 18 and 19. The number of children screened was 64,860 with 16,429 being referred for unmet dental needs. Fourteen thousand eight hundred and twenty-six TennCare children had a comprehensive oral evaluation. The number of children receiving protective sealants was 25,029 with 141,431 teeth being sealed. Oral health education was provided by hygienists to 80,797 children. TennCare outreach was provided to 65,998 children statewide during this time period.

Table 18

Statewide School Based Dental Prevention Program
July 1, 2007- December 31, 2007

	Number of Schools	Number of Teeth	Number of Recipients
General Screening	146	N/A	64,860
Referred for Treatment	N/A	N/A	16,429
Periodic Oral Evaluations	146	N/A	32,377
Dental Sealants	146	141,431	25,029
Oral Health Education	N/A	N/A	80,797
TennCare Outreach	N/A	N/A	65,998

Table 19

School Based Dental Prevention Program TennCare Data July 1, 2007- December 31, 2007	
Services	**Recipients/Services**
Oral Evaluations for Children with TennCare	14,826
Number of Children with TennCare Receiving Sealants	10,934
Number of Teeth Sealed on Children with TennCare	61,365

Status: Completed and Ongoing
Documentation: School-based Dental Prevention Program Semiannual Report July 2007 through December 2007
Reference Consent Decree: ¶ 40; 78

Department of Mental Health/Developmental Disabilities EPSDT/TENNderCare Screening

BHO TENNderCare Tracking

The MCOs provide a TENNderCare report to TennCare on a quarterly basis that lists information on member education, outreach, screening and services provided. DMHDD reviewed Amerigroup's report for the 2nd and 3rd quarter for behavioral health related activities and did not find any reportable concerns.

The BHOs continue to submit quarterly reports to DMHDD and TennCare, tracking the number of enrollees less than 21 years of age and the literature distributed to inform enrollees about EPSDT/TENNderCare. Additionally, DMHDD requires the BHOs by contract to submit a detailed quarterly report of behavioral health screenings. This report, the TENNderCare Tracking Log, details the number of EPSDT referrals received by 26 Community Mental Health Agencies across the state.

A majority of the elements being tracked show little change from quarter to quarter. Providers continue to be deficient in the area of informing children and their parents/guardians about the availability of transportation services. However, AdvoCare reported that conversations with providers regarding this issue have led to the conclusion that providers are informing children and their parents/guardians of transportation assistance, but have not been documenting these efforts accurately. AdvoCare continues to educate providers to increase the documentation of the number of times transportation services have been offered to children and their families.

Status: Ongoing

Documentation: 2nd Quarter 2007 BHO TENNderCare Tracking Log; 3rd Quarter 2007 BHO TENNderCare Tracking Log; July 2007 BHO Deliverables Report; Amerigroup Tracking Log submitted and held by TennCare
Reference Consent Decree: ¶ 39; 41

Division of Mental Retardation Services
EPSDT/TENNderCare Screening

Children receiving services in the Home and Community Based Services (HCBS) waivers are required to have a plan of care. The plan of care requires annual or semiannual screenings for physicals, vision and dental care and also determines the need for nursing, behavioral and therapy services. The primary responsibility for ensuring persons under age 21 receive required screenings under EPSDT/TENNderCare is the assigned independent support coordinator or state case manager.

Status: Ongoing
Documentation: Statewide Home and Community Based Waiver Program, Self Determination Waiver Program
Reference Consent Degree: ¶ 39(a); 42; 44

Part II: Diagnosis and Treatment
Paragraphs 53 - 77

TennCare EPSDT/TENNderCare Diagnosis and Treatment

MCO Case Management/Disease Management

MCOs are responsible for delivering medical case management services to enrollees who have been identified as needing assistance in improving their health status. In addition to receiving routine medical case management provided through primary care providers 30,656 children participated in some form of enhanced medical/disease case management during this reporting period. Case management provides a mechanism for actively coordinating the care of selected enrollees with the goal of optimizing their quality of care and appropriateness of services. Case managers evaluate, monitor, and coordinate care among the enrollee, provider(s) and other appropriate parties by providing education and self-management techniques. Case management may cover an episodic period of time or continue throughout the disease process. Table 20 indicates the number of children who were involved in medical case management/disease management during this reporting period. The Other category includes emergency room, transplant, and catastrophic cases.

Table 20

Children Participating in Case Management	
PROGRAM	**ENROLLEES**
Case Management	1,602
Asthma	22,431
Diabetes	2,208
Maternity	3,588
Heart Failure	12
Other	815
TOTAL	**30,656**

A variety of activities occur in an effort to assist enrollees with identified health risks. These activities include but are not limited to the following:

- AmeriChoice East and Middle identifies every pregnant member through their "Healthy First Step" (HFS) program. All identified members are mailed information on the HFS program, TENNderCare and immunization schedules. All women enrolled in the program are offered assistance with finding a provider and making pre-natal appointments.
- Amerigroup initiated a new pilot program called Community Care Coaches that is a telephonic health prevention coaching program for low risk Social Security Income enrollees. The goal is to enhance the desire and competence of the member to self-manage in the areas of decision-making and health behavior.

- A Chlamydia Screening Program, operated by AmeriChoice East and Middle has served over 30,000 enrollees. Member education is directed at emphasizing the importance of screening, prevalence of the disease, and simplicity of the test.
- TLC's Asthma Disease Management program provides health education to members newly diagnosed with asthma and to the previously diagnosed members who may need educational reinforcement. The program relies on the identification of high-risk members in a timely manner followed by training and reinforcement on medication compliance and lifestyle modifications. Telephone consultation, home/hospital visits, and reward programs are some of the services utilized to assist enrollees in improving self-management skills.

Status: Ongoing
Documentation: MCO EPSDT Quarterly Reports, 2nd and 3rd Quarter 2007
Reference Consent Decree ¶ 66; 68; 70

Centers of Excellence
EPSDT/TENNderCare Diagnosis and Treatment

The five Centers of Excellence for Children in and at-risk of state custody (COE) are providing many services across the state to children with complex health care needs. The locations of each COE are as follows:

- Vanderbilt University Medical Center, Nashville, Tennessee
- Southeast Center of Excellence, Focus Psychiatric, Chattanooga, Tennessee
- East Tennessee State University, Johnson City, Tennessee
- University of Tennessee, Boling Center, Memphis, Tennessee
- University of Tennessee, Knoxville, Tennessee

In this reporting period, the COEs focused on development and implementation of a Best Practices Project to identify evidence-based treatment for children with childhood maltreatment and attachment problems. The development of the Childhood Maltreatment Task Force will include key participants in treatment of child abuse and neglect. Key participants will include regional representation from child advocacy centers, TAMHO, DCS, TennCare, Family and Children's Services, and consumers. A consultant with expertise in dissemination of the best practice model will designate goals and strategies for the project. The best practices model implementation and trainings will be conducted with each COE.

The COEs perform trainings and education in the community. Examples of trainings performed this reporting period:

- September 20, 2007- Helping Parents Manage Oppositional Defiant Behavior with approximately forty participants in Knoxville, Tennessee.
- October 11, 2007- Sexual Abuse Disclosures with approximately eighty participants in Nashville, Tennessee.

- October 12, 2007- Neurological Effects of Trauma in Upper Cumberland Tennessee Council on Children and Youth Conference with approximately seventy-five in Cookeville, Tennessee.
- December 13, 2007- Sexual Behavior Problems in Children: What's Normal? What's Not with approximately fifty-five in Nashville, Tennessee.

Status: Completed and Ongoing
Documentation: UT-CHS SAR December 2007; ETSU Preliminary Semiannual Data Report July 2007 to December 2007; ETSU Preliminary Semiannual Report July 1, 2007 to December 31, 2007; SE Semiannual Detail January 2008; UT Memphis Semiannual July 1, 2007 to December 31, 2007; Vanderbilt Semiannual Report December 15, 2007
Reference Consent Decree: ¶ 71(ii); 78

Department of Children's Services
EPSDT/TENNderCare Diagnosis and Treatment

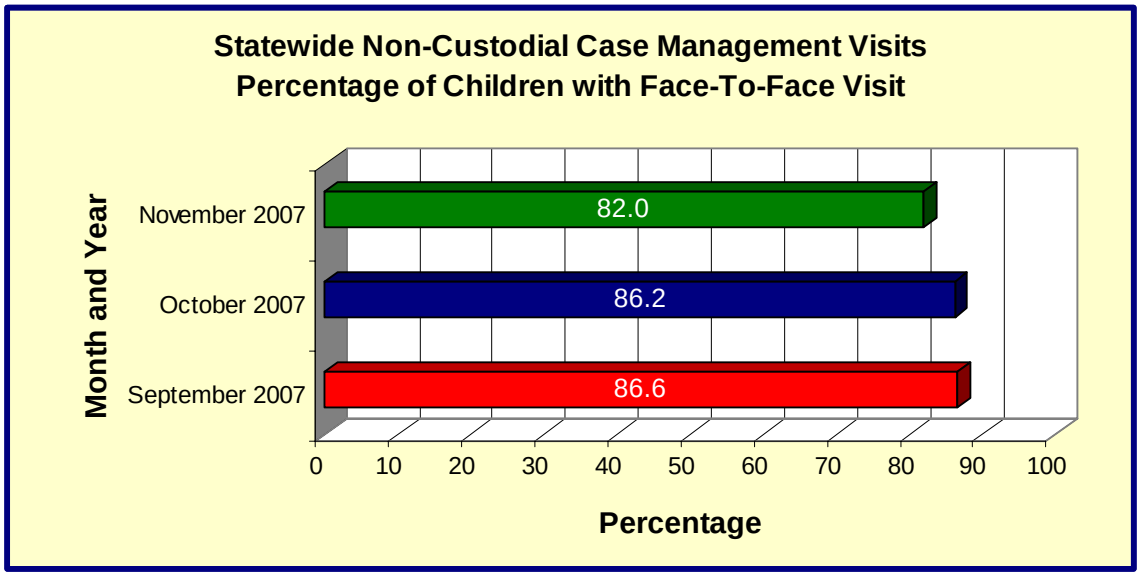
Case Management for Non-Custodial Children

DCS continues to provide targeted case management to children and families through non-custodial prevention case management. When non-custodial children and their families served by DCS are not enrolled in TennCare, DCS provides families with information regarding enrollment, refers them to DHS, and provides information on safety net provisions when applicable.

DCS assists families in accessing TennCare covered medical and behavioral health services by informing them about services and assisting with setting appointments, or coordinating with the MCCs. DCS coordinates referrals for families for TennCare mental health case management and in home mental health services. When possible, DCS facilitates Child and Family team meetings with the family, the juvenile court, and other stakeholders, when children are at risk of custody. In addition to Child Protective Services (CPS), prevention programs, or court referrals, the Crisis Management Team may refer at risk children for non-custodial case management.

For the period of December 1, 2006 through November 30, 2007, DCS served through targeted case management 21,478 children**.** DCS records face-to-face Family Service Worker to child visits in the DCS child welfare tracking system, TNKids. DCS regularly reports to regions on the percentages of face-to-face contact records. July 2007 data was 85.2%; data for August 2007 was 86.6%. Data for September 2007 through November 2007 is set forth in Figure 6.

Figure 6



These reports reflect point in time data from the TNKids child tracking system, used for management by the regions of their teams. They do not otherwise correspond with targeted case management billing files. Billing information is also from the TNKids child tracking system, but does not correspond in time to the management reports. Data may be updated prior to billing cycles.

Status: Completed and Ongoing
Documentation: Case Management Quarterly Face-to-Face Reports
Reference Consent Decree: ¶ 54(r); 66; 67, 69

Crisis Management Team

The Crisis Management Team continues to assist DCS court liaisons, prevention workers, families, attorneys for youth, youth service officers and court officials regarding TennCare covered services for children at imminent risk of custody. Information regarding the process of assisting children at imminent risk with denied or pending BHO services was described in the previous semiannual reports.

One hundred and thirty-nine children averted DCS custody with the assistance of the CMT during the period of July 2007 through December 2007. Table 21 indicates a summary of services.

Status: Ongoing
Documentation: Report on Cases Processed
Reference Consent Decree: ¶ 39(h); 67; 71(i); 78; 95

Table 21

Crisis Management Team Summary July – December 2007		
Number of Calls for CMT services		200
Information Provided by CMT/ No Further Follow Up Requested by Referent		27
	TennCare	22
	Private/ No Insurance	5
Number of Children Determined by CMT to be at Imminent Risk		159
	TennCare	133
	Private/ No Insurance	26
Number of Children Averted Custody		139
	TennCare	115
	Private/ No Insurance	24
Services Authorized/ Coordinated with No Letter of Authorization		121
Number of Letters of Authorization		18
	TennCare	8
	Special Cases	10
Additional CMT Consultations		39
	TennCare	28
	Private/ No Insurance	11

Department of Mental Health/Developmental Disabilities EPSDT/TENNderCare Diagnosis and Treatment

Review and Approval of BHO Supervised System of Care Manual

In order to provide quality services to enrollees, the BHOs have developed a network of Community Mental Health Agencies (CMHA) that operate under the BHOs' Supervised System of Care (SSOC). The standards and expectations of the CMHA providers are outlined in the SSOC manual, including those standards and expectations relative to TENNderCare. DMHDD reviews and approves the content of this manual on an annual basis.

Multiple meetings were held with Tennessee Association of Mental Health Organizations (TAMHO), the BHOs, and DMHDD to discuss potential modifications to the manual for the calendar year 2007. The BHOs have opted to make revisions through the issuance of a second addendum to the 2006 SSOC manual. The addendum and oversight revisions were approved by DMHDD on November 20, 2007.

Status: Ongoing
Documentation: SSOC Oversight Revisions October 2007; SSOC Manual Addendum #2 November 2007; SSOC Feedback AdvoCare Response to TAMHO;

SSOC Additional Feedback AdvoCare Response to TAMHO; AdvoCare's Response for Additional TAMHO feedback on SSOC Manual Addendum #2
Reference Consent Decree: ¶ 53

DMHDD/BHO Contracts

During this reporting period, two contract amendments were executed to the DMHDD/BHO contracts. The amendments (TBH-East Amendment #8, TBH-East Amendment #9, TBH-Middle/West Amendment #17, TBH-Middle/West Amendment #18, PBS Amendment #18, and PBS Amendment #19) include the following:

- The MCOs must have the ability to conduct EPSDT outreach in formats appropriate to enrollees who are blind, deaf, illiterate, or non-English speaking.
- The BHOs are responsible for the delivery of medically necessary covered services to school-aged children. BHOs are encouraged to work with school-based providers and the DOH's Project Teach staff to manage the care of students with special health care needs. The State has implemented a process, referred to as TENNderCare Connection, to facilitate notification of BHOs when a school-aged child enrolled in TennCare has an Individual Education Plan (IEP) that identifies a need for behavioral health services.
- The BHOs are to distribute a teen quarterly newsletter to all enrollees between the ages of 15 and 20 which are intended to educate the enrollee about the managed care system, proper utilization of services, with an emphasis on encouragement to utilize TENNderCare services. The articles included in the teen newsletter must be agreed upon by the MCC Adolescent Well Care Collaborative and include TENNderCare information, including but not limited to, encouragement to obtain screenings and other preventive care services.
- The BHOs are to assure that payments are not issued to providers that have not obtained a Tennessee Medicaid Provider Number or for which disclosure requirements have not been obtained in accordance with 42 C.F.R. 455.100 through 106.
- The BHOs are to furnish to TennCare and DMHDD listings of all providers enrolled in their provider networks. Each provider is identified by a Tennessee Medicaid identification number as well as the National Provider Identifier number.
- Maximum liability and payment methodology were adjusted.
- The term date of the contracts was changed to June 30, 2008.

Status: Completed
Documentation: TBH – East Contract Amendment #8; TBH – East Contract Amendment #9; TBH – Middle and West Contract Amendment #17; TBH – Middle and West Contract Amendment #18; PBS Contract Amendment #18; PBS Contract Amendment #19
Reference Consent Decree: ¶ 53; 103

Monitoring Geographic Access to Mental Health Providers

DMHDD continues to analyze the behavioral health provider files submitted by the MCOs for accuracy. If any corrective action for the MCOs is deemed necessary it is initiated and processed through TennCare.

The BHOs have geographic access deficiencies in child and adolescent psychiatric inpatient services, child and adolescent inpatient substance abuse services, and child/adolescent 24-hour residential treatment facility services. Due to continued deficiencies, liquidated damages have been recommended to TennCare each quarter starting in April 2006 in accordance with the State/BHO contracts. A total of $24,000 in liquidated damages for each quarter has been recommended to TennCare for the two BHOs operating in the Middle and West Tennessee regions. The most recent review and recommendation of liquidated damages was completed in September 2007. DMHDD recommended a total of $4,000 in liquidated damages to TennCare for the two BHOs operating in the Middle and West Tennessee regions. The significant decline in the recommended liquidated damages is due to the BHOs no longer being the sole contractor responsible for delivery of behavioral health services in the Middle Tennessee region.

The BHOs continue to try to bring new providers into their networks and reduce the number of deficient counties for the above listed service types, but no new prospects have been identified during this reporting period. The BHOs have alternative facilities for inpatient and residential treatment services in each deficient county.

The deficiencies for geographic access are included in the global deficiencies Corrective Action Plan (CAP) that was updated on October 19, 2007 and is currently under review by DMHDD. The CAP combines system deficiencies identified through DMHDD's monitoring activities of the BHOs. It requires the BHOs to take a systematic approach both internal to their organization and with their network providers to address these deficiencies.

While geographic access deficiencies exist among certain service types, the BHOs continue to develop their networks with new programs and services. Some of these new services include:

- Recovery Living Services in LaFollette, Tennessee: Substance Abuse Intensive Outpatient Services for adults and adolescents.
- Camelot's Autism Center in Kingston, Tennessee: An eight bed residential unit designed specifically for children diagnosed with Autism.
- Frontier Health has added a Comprehensive Child and Family Treatment (CCFT) team to serve Greene, Hawkins, Washington, Sullivan, Unicoi, Carter, Johnson, and Hancock counties.
- Council for Alcohol and Drug Abuse Services (CADAS) in Chattanooga, Tennessee has added an inpatient detox unit for adults and children/youth.
- FHC-Cumberland Hall in Chattanooga, Tennessee has added Comprehensive Child and Family Treatment services.

- Southeastern Behavioral Health in Chattanooga, Tennessee now offers an intensive outpatient sex offender treatment program for adolescents.
- The Fit for Life Transformation Center has opened in Cordova, Tennessee. It is an eating disorder treatment facility for females, both adult and children/adolescents.

Status: Ongoing
Documentation: April 2007 BHO Deliverables Report; May 2007 BHO Deliverables Report; June 2007 BHO Deliverables Report; July 2007 BHO Deliverables Report; August 2007 BHO Deliverables Report; September 2007 BHO Deliverables Report; AdvoCare's Global CAP Update October 2007; Standard Source Document for Global CAP; BHO GeoAccess Alternatives for Inpatient and Residential Treatment Facility Deficiencies; AmeriChoice Deliverables Report July 2007; AmeriChoice Deliverables Report August 2007; AmeriChoice Deliverables Report September 2007; Amerigroup Deliverables Report July 2007; Amerigroup Deliverables Report August 2007; Amerigroup Deliverables Report September 2007
Reference Consent Decree: ¶ 61; 71(ii)

Monitoring Involvement of Parents/Family Members in Child's Mental Health Treatment

To ensure the involvement of parents and family members in the determination of behavioral health services delivered to children, by contract the BHOs require providers to have signed documentation for the consumer and parent's/guardian's understanding of the treatment plan, including signature of the parent or guardian and minor, if the consumer is a minor. DMHDD audits provider records as a part of their performance monitoring efforts of the State/BHO contracts to ensure this requirement is met. This requirement was met at 98% of the 71 records reviewed during the July 2007 through September 2007 quarter. The performance benchmark is 90%.

Status: Ongoing
Documentation: Performance Monitoring Plan Report 1st Quarter 2008
Reference Consent Decree: ¶ 71(i)

Mental Health Case Management Services

The BHOs are required by contract to provide mental health case management services for children whose behavioral health needs indicate the services are medically necessary. BHO Case Management Reports (January, February, March, April, May and June 2007 data) indicated the BHOs are meeting the requirement for offering a referral for case management services and the provision of case management appointments within seven calendar days of an inpatient or residential treatment center discharge for children and adolescents. Compliance with these contractual standards are measured through the review of the BHOs quarterly submission of the Case Management Report. First quarter compliance was 97% and second quarter compliance was 94%. The benchmark for compliance is 90%.

DMHDD is currently working with the MCOs, Amerigroup and AmeriChoice, to implement an appropriate format for them to report their case management data related to children and adolescent case management services.

Status: Ongoing
Documentation: PBS and TBH Case Management Report 1st Quarter 2007; PBS and TBH Case Management Report 2nd Quarter 2007
Reference Consent Decree: ¶ 69

Specialized Crisis Services for Children and Adolescents

DMHDD continues to collaborate with the BHOs (TBH and PBS) and MCOs (AmeriChoice and Amerigroup) in monitoring Youth Villages' performance with crisis services. Several monitoring methods are used to ensure a smooth transition between Youth Villages and other service providers to ensure quality crisis services are being delivered. Most recent data from one method, Youth Villages' Monthly Volume Reports, indicated that for the months, May 2007 through September 2007, the agency received a total of 3,205 calls for Specialized Crisis Services for children and adolescents.

Youth Villages continues to monitor all chronic crisis consumers (persons who are assessed face-to-face three or more times in a month). These consumers are tracked and an individualized treatment plan is developed by all participating treatment providers for the purpose of alleviating the consumer's chronic crisis status.

Youth Villages provides information and conducts training for interested agencies/entities regarding Child and Youth (C and Y) crisis services. During the reporting period, training was provided to multiple agencies across the State with some agencies having several follow-up trainings. These agencies included:

- Thirty trainings to juvenile justice entities including detention centers, court staff, and/or police departments,
- Fifty-nine trainings to community outpatient providers,
- Fourteen school systems trainings which also include some guidance counselors and special education staff,
- Twelve DCS county offices or facilities,
- Forty-five trainings to hospitals, and
- Thirty-two trainings to consumer advocacy groups

Status: Ongoing
Documentation**:** Youth Villages' Monthly Volume Reports found on the Web site http://www.youthvillages.org/specializedCrisis.aspx; Youth Villages Statewide Outreach and Training January 2007 through September 2007
Reference Consent Decree: ¶ 53; 61; 71

Best Practice Guidelines for Children and Adults

Through a Memorandum of Understanding between DMHDD and TennCare, DMHDD is charged with the development, revision, and training of Best Practice Guidelines (BPG) for mental health treatment of children and adults within the TennCare program. The purpose of the BPG is to assist clinicians in their decision making regarding appropriate patient care. BPG is not intended to define or serve as a standard of medical care. The goal of the BPG is to improve the quality of patient care.

DMHDD BPGs are developed with the assistance of workgroups consisting of multidisciplinary clinicians representing various mental health agencies, including COE, TAMHO, Regional Mental Health Institutes (RMHIs), and other public and private stakeholders.

The workgroups review available clinical evidence in conjunction with existing guidelines from a variety of sources, including the American Psychiatric Association, Center for Mental Health Services (CMHS), National Institute of Mental Health, SAMHSA, and National Institute of Health.
DMHDD released BPG: Behavioral Health Services for Children and Adolescents in August 2007. Providers and other interested parties can access the BPG through a link on the DMHDD Web site.

Status: Ongoing
Documentation: DMHDD Child and Youth BPG 2007; or http://state.tn.us/mental/07BestPractGuide_C&A_.pdf.
Reference Consent Decree: ¶ 71

Crisis Stabilization Units

On April 30, 2007, the Crisis Stabilization Unit (CSU) in Cookeville, Tennessee was awarded the Volunteer Behavioral Health Care System. The monthly reports for May 2007 through November 2007 are located in the documentation section of the report.

Centerstone's proposal was accepted to provide crisis respite services with additional supports to serve Maury County and the surrounding counties. This service became operational in October 2007. All of these services are available to adults, age 18 years and older. The MCCs have contracted for the services making them available to all TennCare enrollees 18 years of age and older who meet the admission criteria. DMHDD funds and monitors services rendered to uninsured individuals who meet the admission criteria. Monthly reporting on a DMHDD template is required. On-site monitoring provided annually, at a minimum, by DMHDD.

Status: Ongoing
Documentation: CSU Cookeville 2007 Report; CSU Nashville 2007 Report
Reference Consent Decree: ¶ 71

Department of Mental Retardation Services
EPSDT/TENNderCare Diagnosis & Treatment

Children receiving services in the Home and Community Based Services (HCBS) waivers are required to have a plan of care that Department of Mental Retardation Services (DMRS) independent support coordinators and case managers are responsible for updating annually or more often if medical, behavioral or health needs change. The plan of care describes the medical and other services to be furnished regardless of funding source, their frequency, and the type of provider who will furnish each. DMRS independent support coordinators and case managers are required to utilize the information, recommendations and outcomes from EPSDT screenings. Any medically necessary service is addressed and implemented in the person's plan of care.

Independent support coordinators and case managers assist the individual, guardian and/or conservator with gaining access to needed waiver and other State plan services regardless of the funding source for the services.

Training was incorporated in the use of EPSDT screening components in developing the HCBS Individual Support Plan (Plan of Care) so that EPSDT services could enhance development or ameliorate deficits. For children with complex issues, DMRS case managers are encouraged to assist families in securing case managers through the MCO or BHO system to assist the children and families in obtaining EPSDT/TENNderCare services.

Status: Ongoing
Documentation: DMRS Provider Manual
Reference Consent Degree: ¶ 71(ii)

Part III Coordination
Paragraphs 78 - 83

Governor's Office of Children's Care EPSDT/TENNderCare Coordination

Children's Care Coordination Steering Panel

The GOCCC Steering Panel was created in October 2005 with two main goals:

- Bring together key stakeholders to identify and address systemic issues in the provision of coordinated services to children; and
- Bridge the gap between science and public policy, utilizing national experts as appropriate, to improve the provision of EPSDT/TENNderCare services

These goals are met through didactic presentations, information sharing from participating departments/agencies, and when appropriate, through case-based discussions.

The Steering Panel has focused its facilitated discussions on the subjects of identification of novel opportunities to increase EPSDT, and enhancing knowledge, and utilization of evidence-based practices for trauma and attachment disorders.

- Governor's Office of Children's Care Coordination (GOCCC) is engaged with the State Board of Education (SBE), Department of Health (DOH), Tennessee American Academy of Pediatrics (TNAAP), Department of Education (DOE), and additional key stakeholders to implement a rule change that would require a complete seven component EPSDT screen in order for children in the 7th and 9th grades to participate in sports activities.
- GOCCC, SBE, DOH, TNAAP, DOE and other key stakeholders are collaboratively exploring the opportunity to add SBE requirements for a school physical (EPSDT screening) prior to school entry in at least two additional grade levels.
- GOCCC, Center of Excellence (COEs), Department of Children's Services (DCS), Department of Mental Health Developmental Disabilities (DMHDD), Tennessee Commission on Children and Youth (TCCY), Tennessee Association of Mental Health Organizations (TAMHO), Division of Juvenile Justice, Child Advocacy Centers (CACs), Tennessee Voices for Children (TVC), Tennessee Association of Child Care, Family and Children's Services, and Tennessee Center of Child Welfare are participating in a Learning Collaborative to identify evidence-based practices (EBPs) for the treatment of trauma and attachment disorders associated with child maltreatment. The Collaborative will train practitioners in these EBPs and will identify and overcome barriers that inhibit the use of EBPs in this area.

Status: Ongoing
Documentation: Steering Panel Meeting Agendas October 4, 2007, December 6, 2007; Steering Panel Meeting Minutes October 4, 2007, December 6, 2007; Steering Panel Sign-In Sheets October 4, 2007, December 6, 2007; Steering Panel Participant List
Reference Consent Decree: ¶ 71(iv); 78; 83

Collaboration on Utilization of Technology in EPSDT Screening Identification

GOCCC continues to explore ways in which technology is used to increase the efficiency of service delivery systems. The GOCCC has issued a grant and is developing an EMR pilot project using the NextGen EMR platform in Memphis to determine if user-screen reminders to schedule patients with delinquent EPSDT screens are an effective way to capture screenings. Upon registration of the patient the system looks into the provider's database to determine if the patient has had an EPSDT screening within the last 12 months and if not prompts the scheduler to offer an EPSDT appointment.

Status: Ongoing
Reference Consent Decree: ¶ 71(ii); 78

Departmental Liaisons Coordination

Departmental liaisons continue to work closely with GOCCC to assure coordination and collaboration among child-serving departments. The liaisons meet monthly to communicate topics surrounding EPSDT to increase and strengthen communications. Topics of discussion for improvements to EPSDT Outreach and Screening included:

- Implementation and training on the PPR Matrix
- Delivery of School Based EPSDT/TENNderCare Services
- Review of Asthma Registry presented by Cumberland Pediatrics

Other topics of communication among departments included:

- Pre-participation Sports Physical
- Interagency Agreements
- Delivery of Services by the LeBonheur Mobile
- Tennessee Lives Count presented by DMHDD

Status: Ongoing
Documentation: EPSDT Liaison Meeting Agendas and Meeting Minutes, August 17, 2007, September 21, 2007, November 13, 2007, December 21, 2007
Reference Consent Decree: ¶ 78

Programmatic Process Response Matrix

The State of Tennessee's Programmatic Process Response Matrix (PPR) consists of a secure custom on-line application for managing the document creation process for the John B. Semiannual Progress Report (SAR). This online application is streamlining the development of the SAR by allowing all contributors to manage the text and data used to build the document from the Web. During September 2007, SAR contributors received training on the PPR Matrix along with the *PPR Matrix: A User's Guide*. The use of the PPR Matrix was phased in for the January SAR. For future SARs, the PPR Matrix will simplify the collaboration between contributors from different departments. The application maintains data over time, ultimately allowing for the generation of historical documents.

Status: Completed and Ongoing
Documentation: PPR Matrix: A User's Guide
Reference Consent Decree: ¶ 104

Governor's EPSDT Workgroups

Enrollee Outreach Workgroup

Annual Outreach through Public Schools

In February 2007, the Enrollee Outreach Workgroup agreed to have TennCare complete another mass distribution of 1.6 million flyers to students who attend all public schools during the 2007-2008 school year. The school-based flyers were sent to the principals of the public schools between August 8, 2007 and August 31, 2007. Principals distributed the flyers to the students in their respective schools.

In addition, September 2007, 900,000 of the 2007-2008 school-based flyers were distributed to the TENNderCare Community Outreach staff to distribute to school-aged youth during various community outreach activities.

During the October 2, 2007 and December 4, 2007 Outreach Workgroup meetings, members agreed to develop a new school-based flyer to distribute to principals in spring 2008 that encourages parents to take their children for an annual checkup during the summer. Besides the distribution of the flyers through principals to each child who attends public schools, other avenues for distribution were discussed, such as school guidance counselors.

Status: Completed and Ongoing
Documentation: 2007 School-based Flyer English and Spanish; Enrollee Outreach Workgroup Minutes and Agenda; Enrollee Outreach Workgroup Planning Tool August 15, 2007; Enrollee Outreach Workgroup Planning Tool December 15, 2007
Reference Consent Decree: ¶ 39(a); 40; 78; 81

TENNderCare Supplemental Outreach to Teens

Three hundred thousand Teen English brochures and 100,000 Spanish Teen brochures were stocked in Central Stores beginning July 2, 2007 for the TENNderCare Community Outreach staff to distribute. During this reporting period 38,222 Teen English brochures and 4,663 Spanish Teen brochures were distributed by TENNderCare Community Outreach staff.

Teen Subcommittee

In October 2007, the Teen subcommittee began meeting on a monthly basis to review material for teens, rather than meeting on an ad hoc basis. During this reporting period, the Teen subcommittee met on October 4, 2007 and November 14, 2007.

During the October 4, 2007 meeting, the subcommittee reviewed all TENNderCare educational materials targeting TennCare enrollees age 13 and older for any changes or revisions. The subcommittee identified the four Teen posters and the TENNderCare for Teens Web sites as needing changes and revisions.

During the October 22, 2007, Metro Public Health Department Youth Advisory Board (YAB) meeting, the teens reviewed the Health Rocks! Presentation that was developed by the Chair of the Enrollee Outreach Workgroup and reviewed by the Outreach Workgroup on October 2, 2007. YAB members made recommendations for changes to the presentation to make it more appealing to teens. The Chair of the Enrollee Outreach Workgroup made further revisions to the presentation based upon these recommendations.

During the November 14, 2007 meeting, the Teen subcommittee reviewed the Health Rocks! Presentation and revised it based upon some of the additional recommendations from the YAB. The Chair of the Enrollee Outreach Workgroup made further revisions to the presentation based upon feedback from the Teen subcommittee. Also, during this meeting the subcommittee agreed that TennCare seek feedback from different teen focus groups to determine whether the "I Get It!" and/or "Keeping Your Teeth is Cool" posters need to be revised before more posters are printed for distribution. In addition, the subcommittee agreed that TennCare should not order more of the "Get Help Now!" and "Say No to Drugs" posters since TDMHDD has materials developed related to behavioral health issues. However, these posters will continue to be distributed by TennCare based upon request until the supply is depleted.

Status: Completed and Ongoing
Documentation: Teen Subcommittee Minutes and Agenda; Enrollee Outreach Workgroup Planning Tool August 15, 2007; Enrollee Outreach Workgroup Planning Tool December 15, 2007
Reference Consent Decree: ¶ 39(a); 40; 78; 81

Limited English Proficiency Subcommittee

Beginning in October 2007, the Limited English/Reading Proficiency (LEP) Subcommittee chose to begin meeting on a monthly basis until all current materials are reviewed and updated, if needed, rather than meeting on an ad hoc basis. During the October 10, 2007 meeting, the subcommittee met to review the current TENNderCare educational materials and develop new materials for TennCare enrollees who have English as a second language or have limited literacy levels.

During the November 8, 2007 meeting, the subcommittee agreed to assist with developing flyers for other cultures such as Arabic, Vietnamese, Kurdish, Farsi, Bosnian, Burmese, Amharic, and Spanish to be posted in the future on the TENNderCare Website. The flyers could be downloaded from the Web site and copied by professionals with organizations and agencies who work with TennCare enrollees from these cultures. The flyers would address issues within the cultures that may present barriers for completion of TENNderCare exams.

Status: Completed and Ongoing
Documentation: LEP Subcommittee Minutes and Agenda; Enrollee Outreach Workgroup Planning Tool August 15, 2007; Enrollee Outreach Workgroup Planning Tool December 15, 2007
Reference Consent Decree: ¶ 39(a); 40; 78; 81

Dental Outreach Subcommittee

During this reporting period, the Dental Outreach Subcommittee met on a quarterly basis through conference calls on July 25, 2007 and October 17, 2007. During the July 25, 2007 meeting, all the action items related to dental outreach to special needs at risk populations were completed. In addition, members discussed expanding dental outreach to all TennCare eligible pregnant women, rather than just to TennCare eligible pregnant women under the age of 21. In addition, the subcommittee discussed whether to consider using DVDs created by the American Academy of Pediatric Dentists (AAPD) and Colgate to purchase and distribute to dental providers for viewing by TennCare patients in their waiting areas.

On October 29, 2007, the subcommittee continued discussing written dental outreach materials to pregnant women. After reviewing different brochures targeting pregnant women, members agreed for Doral to develop a new brochure for expectant mothers about oral health during pregnancy. The subcommittee continued to discuss the possibility of using Oral Health DVDs depending upon cost associated with purchasing and distributing them. Finally, the subcommittee agreed to meet through conference calls in 2008 on a quarterly basis, except March 2008 when an in-person meeting will be held.

Status: Completed and Ongoing
Documentation: Dental Subcommittee Minutes and Agenda; Enrollee Outreach Workgroup Planning Tool August 15, 2007; Enrollee Outreach Workgroup Planning Tool December 15, 2007

Reference Consent Decree: ¶ 39(a); 40; 78; 81

Special Needs Subcommittee

TennCare continued to stock and distribute Children with Special Health Care Needs (CSHCN) flyers for agencies and departments who work with children with special needs upon request. The agencies and departments included: DOE, Head Start, State Special Schools, TEIS, Children's Special Services, DMRS, DMRS Family Support, Family Voices, Special Clinics at Vanderbilt (NICU and PICU) and Tennessee Council on Developmental Disabilities.

The Special Needs Subcommittee reconvened on September 6, 2007 to discuss distribution of the Special Needs Flyer annually. The subcommittee chose to disseminate the flyer in January 2008 through an email blast and requested the same number of flyers that were previously distributed by mail, totaling 150,000.

On November 15, 2007, the Special Needs Subcommittee decided to update the list of organizations that receive an email along with the Children with Special Health Care Needs (CSHCN) flyer and instructions on how to order more copies of the flyers through TennCare in February 2008. Some organizations will be given hard copies of the flyers, based upon request. A total of 170 agencies and organizations were identified to provide TENNderCare outreach to supplement outreach efforts provided through state departments.

In future meetings, the subcommittee plans to explore other methods to make the navigation of the TennCare systems more accessible to the TennCare enrollees who have special needs, along with information to their parents/guardians or professionals who serve this population of enrollees.

Status: Completed and Ongoing
Documentation: Special Needs Subcommittee Minutes and Agenda; Outreach Workgroup Planning Tool August 15, 2007; Enrollee Outreach Workgroup Planning Tool December 15, 2007
Reference Consent Decree: ¶ 39(a); 40; 78; 81

Supplemental Outreach to Deaf and Hard of Hearing

TENNderCare Community Outreach through the Centers for the Deaf and Hard of Hearing

A newsletter article about TENNderCare program was published in the League for the Deaf and Hard of Hearing (LDHH) Spring 2007 Newsletter and is still currently available on this center's web site: http://www.leagueforthedeaf.com/documents/Spring2007Newsletter.pdf

The Community Outreach Program staff continued to conduct TENNderCare outreach to the following organizations indicated in Table 22 that are contracted and partially funded through the Department of Human Services to

provide services to the deaf and hard of hearing population at: http://tennessee.gov/humanserv/rehab/tcdhh.pdf

Table 22

Organization	Location
Deaf Connect of the MidSouth, Inc.	Memphis
Communication Center for the Deaf and Hard of Hearing (CCDHH)	Johnson City
Knoxville Center for the Deaf (KCD)	Knoxville
League for the Deaf and Hard of Hearing (LDHH)	Nashville
Jackson Center for Independent Living, Deaf and Hard of Hearing Services (JCIL, DHHS)	Jackson
Services for the Deaf and Hard of Hearing (SFDHH)	Chattanooga

Each of these organizations offers a wide range of services that may include:

- Interpreting Program
- Youth Program
- Employment Program
- Educational Activities
- Recreational Activities
- Classes and Workshops
- Advocacy
- Emergency Interpreting Services
- Clubs

During this reporting period, the TENNderCare Community Outreach staff conducted the following outreach activities targeting the deaf and hard of hearing population.

Chattanooga-Hamilton County Community Outreach

Services for the Deaf and Hard of Hearing (SFDHH), in Chattanooga-Hamilton County is a program specifically designed for adults requesting interpreters. In September 2007, a TENNderCare Community Outreach Coordinator met with the three SFDHH staff members to discuss methods that could be used to outreach to parents who are deaf to inform them about the importance of their children receiving EPSDT checkups. The SFDHH staff members agreed to distribute 50 brochures, 24 TENNderCare Community Outreach flyers and 25 CSHCN flyers to the parents at SFDHH.

On October 3, 2007, the Chattanooga-Hamilton County Community Outreach Director and Health Program Supervisor conducted outreach at the new autism center located within the TEAM Center where children who are autistic receive educational and developmental services. Community Outreach staff made face-to-face contact with approximately 60 students and their parents. Fifty

TENNderCare brochures and CSCHN flyers were given to instructors to distribute to the students and their parents.

In October 2007, Chattanooga-Hamilton County Community Outreach conducted TENNderCare outreach at the Speech and Hearing Center reaching a total of 15 students and their parents who were given flyers or brochures. This center serves pre-school age children who have speech or hearing deficits.

Jackson-Madison County Community Outreach

West Tennessee Special Technology Access Resource (STAR) Center is a non-profit organization that provides individuals with disabilities access to assistive and regular technology and creative therapies that provide resources, training and programs enabling them to reach goals related to competitive employment, effective learning and independent living. The STAR Center's Kids Fest is an annual event conducted by the STAR Center that benefits West Tennessee children and adults with disabilities. The August 25, 2007 event featured an inflatable playground, train and pony rides, vendor booths, face painting and much more. The Jackson-Madison County TENNderCare Staff collaborated with the STAR Center as a vendor to provide information about the TENNderCare Program. Staff utilized the Wheel of Health to provide education about the importance of regular checkups and other healthy habits. Children received shoe caddies as an incentive when they answered the questions correctly. A total of 6,000 people attended the event. Staff conducted face-to-face contacts with approximately 650 parents and children. One hundred eighty-seven TENNderCare English brochures were distributed at the event.

Nashville-Davidson County Community Outreach

In addition to the services that the League for the Deaf and Hard of Hearing (LDHH) provides for adults and senior citizens, it provides an after-school program for approximately 25 adolescents who are deaf or hard of hearing, and attend different public schools in the Nashville-Metro School System where they receive special education services. On October 15, 2007, Nashville Davidson County TENNderCare outreach staff met with the Director of League for the Deaf and Hard of Hearing (LDHH) Youth Program. The Director was provided with 25 CSHCN flyers to distribute to adolescents at the LDHH Halloween party scheduled on October 19, 2007.

On October 19, 2007, Nashville Davidson County TENNderCare Community Outreach staff attended LDHH Youth Program Halloween Party. Outreach staff helped LDHH staff to decorate the Youth Center and painted faces of youth and teens. At the party, LDHH staff made face-to-face contact with 25 adolescents who received the 25 CSCHN flyers previously delivered to the LDHH.

On December 7, 2007, Nashville Davidson County TENNderCare Community Outreach staff conducted face-to-face contact with 35 adolescents who attended the LDHH Youth Program Christmas Party. Outreach staff assisted LDHH with decorating the Youth Center and distributed 25 flyers and 10 teen brochures to the adolescents who attend the LDHH after-school program youth.

Knox County Community Outreach

Besides services to adults and senior citizens, Knoxville Center for the Deaf (KCD) provides services to students who attend Tennessee School for the Deaf (TSD) or public high schools where they are mainstreamed into classrooms in Knoxville and surrounding counties. The Knox County Region Community Outreach staff stocked 50 brochures at the Knoxville Center for the Deaf on September 4, 2007. TENNderCare Community Outreach staff will continue to stock brochures at this center on an ongoing basis.

Memphis-Shelby County Community Outreach

On July 3, 2007, the Memphis-Shelby County Community Outreach Program Manager met with the Director of the Colonial School for the Deaf to discuss methods that could be used to reach out to parents of children who are deaf. The purpose is to inform the parents about the importance of their children receiving TENNderCare checkups. The director agreed to allow TENNderCare Community Outreach staff to distribute brochures on a regular basis. One hundred brochures and 50 flyers were left with the director to be distributed to the parents.

In addition, on September 11, 2007, Memphis-Shelby County Community Outreach Program Manager met with the Director of Deaf Connect of the Mid South. During this meeting, the director agreed to have TENNderCare Community Outreach staff participate in a health fair planned for the spring of 2008. In addition, TENNderCare Community Outreach staff left the following TENNderCare educational materials at the site: 50 TENNderCare brochures, 25 TENNderCare flyers and 2 TENNderCare band-aid posters.

Northeast Tennessee Region Community Outreach

The Communication Center for the Deaf and Hard of Hearing with Frontier Health (CCDHH) provides communication between people who are hearing and people who are deaf or hard of hearing in the Northeast Tennessee Region (NER). Those services include, Interpreting Services, Emergency Services, Title V and Title III Compliance Assistance, Referrals for Specialized Services or Community Resources, Advocacy, Sign Language Classes, Sorenson Video Relay Services and Teletypewriters.

Washington County TENNderCare Community Outreach staff met with the CCDHH Program Coordinator in August 2007 and left 50 brochures. At this meeting, the CCDHH Program Coordinator agreed for the Washington County TENNderCare Community Outreach staff host an outreach event in spring 2008.

Status: Completed and Ongoing
Documentation: 3rd Quarter 2007 Community Outreach Report; 4th Quarter 2007 Community Outreach Report; Enrollee Outreach Workgroup Planning Tool August 15, 2007; Enrollee Outreach Workgroup Planning Tool December 15, 2007

Reference Consent Decree: ¶ 39(a); 40; 81; 78

Supplemental Outreach to State Special Schools

Tennessee School for the Blind

In July 2007, Nashville Davidson County TENNderCare Community Outreach staff conducted face-to-face contacts with parents who brought their children to Tennessee School for the Blind (TSB) for Preschool Diagnostic and Evaluation services. TENNderCare Community Outreach Staff distributed TENNderCare Community Outreach CSHCN flyers to parents and caregivers attending a TENNderCare presentation.

On August 8, 2007, Nashville Davidson County TENNderCare Community Outreach staff conducted face-to-face contacts at TSB during student registration for the 2007-2008 school year. TENNderCare Community Outreach staff distributed 64 TENNderCare Community Outreach CSHCN flyers to the students and their parents or caregivers.

On August 10, 2007, Nashville Davidson County TENNderCare Community Outreach staff conducted face-to-face contacts at TSB during student registration for the 2007-2008 school year. TENNderCare Community Outreach staff distributed 40 CSHCN flyers to students and their parents or caregivers.

On October 25, 2007, Nashville Davidson County TENNderCare Community Outreach staff conducted face-to-face contacts at TSB Unity Conference and distributed 52 CSHCN flyers to conference attendees.

On December 21, 2007, Nashville Davidson County TENNderCare Community Outreach conducted face-to-face contact with parents and caregivers attending TSB Winter Music Program event. TENNderCare Community Outreach staff distributed approximately 38 CSHCN flyers to attendees.

Tennessee School for the Deaf

The Knox County TENNderCare Community Outreach staff conducted outreach for new students, late registrants and their parents during registration at Tennessee School for the Deaf (TSD) on August 13, 2007 for the 2007-2008 school year. Thirty-nine face-to-face contacts were made as a result of this outreach effort. Twenty English TENNderCare brochures and ten Teen brochures were distributed at this event. Outreach was not conducted on August 12, 2007 because the students who commute by air or bus were not accompanied by their parents or guardians.

West Tennessee School for the Deaf

On August 12, 2007, the Jackson-Madison County TENNderCare Community Outreach staff conducted TENNderCare outreach during the 2007-2008 school registration at West Tennessee School for the Deaf. An educational booth was set up to provide information about the TENNderCare program. Consequently,

sixty face-to-face contacts were made with students and their parents or guardians. Seventeen CSHCN flyers were distributed to them.

TENNderCare Community Outreach to Special Needs Population

On an ongoing basis, staff with the Community Outreach program in all the regions make appropriate use of state health agencies, state vocational rehabilitation agencies, and the Title V Grantees (Maternal and Child Health/Children's Special Services). Further, the Community Outreach staff make use of other public health, mental health, and educational programs and related programs such as Head Start, Title XX (Social Services) programs, and the Special Supplemental Food Program for Women, Infants and Children (WIC), to ensure an effective child health program. See activities targeting Children with Special Health Care Needs (CSHCN) Community Outreach Report in the Department of Health TENNderCare Outreach section of this report.

Status: Completed and Ongoing
Documentation: 3rd Quarter 2007 Community Outreach Report; 4th Quarter 2007 Community Outreach Report; Enrollee Outreach Workgroup Planning Tool August 15, 2007; Enrollee Outreach Workgroup Planning Tool December 15, 2007
Reference Consent Decree: ¶ 39(a); 40; 78; 81

Standardized Print Material

Employer Packets/TENNderCare Community Partners Initiative

Most of the Community Outreach staff continued to utilize the Community/Employer Partner packets to develop partnerships with state, local, community, civic organizations and businesses. During this reporting period, 1,044 face-to-face contacts were made as the result of Community/Employer Partner Initiative activities. In addition, a total of 928 Community/Employer Partner Packets were distributed to community partners and employers and a total of 3,284 English paycheck inserts and 1,140 Spanish paycheck inserts were distributed to employers through various community outreach activities. Additional information about educational material distributed through the DOH Community Outreach program is included in the DOH EPSDT/TENNderCare Outreach section of this report.

The entire Community/Employer Partner Packets were revised, including the removal of the Commitment Card because staff reported it was more of a deterrent than an advantage to community/employer partners who agreed to provide TENNderCare outreach. DOH has ordered 3,000 more packets to be distributed through the TENNderCare Community Outreach staff.
Status: Completed and Ongoing
Documentation: Community Outreach 2007 3rd Quarter Report; Community Outreach 2007 4th Quarter Report
Reference Consent Decree: ¶ 39(a); 40; 78

Provider Education and Participation Workgroup

The Provider Education and Participation Workgroup (PEP) is a subcommittee of the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) and TennCare Committee. This workgroup was formed to address issues and problems identified in the *John B.* Work Plan related to provider education and participation. The group is focused on network adequacy, appropriate delivery of EPSDT services, provider education, and technical assistance.

The EPSDT Director for TNAAP serves as the chair of the workgroup and other members include a pediatrician, the Assistant Director of GOCCC, and the Director of BHO Contract Performance and the Assistant Director of Quality Oversight at TennCare. The group typically meets monthly.

Implementation of Provider Education on EPSDT

- TNAAP actively provides ongoing EPSDT and coding education and distribution of reference materials to primary care providers through office visits and trainings. These programs and resources are promoted to practices through numerous venues including exhibiting and presenting at professional conferences, promoting programs and resources through office visits, articles in professional newsletters, and other communications. (See the TNAAP section of this report for more information on office visits, trainings, outreach and resource materials).
- TNAAP also offers a comprehensive, physician lead training program for primary care practices on how to implement use of formal developmental and behavioral screening tools and how to connect with referral resources in their communities. The program is entitled Screening Tools and Referral Training or "START". (See the TNAAP section of this report for more information on trainings).
- The PEP Workgroup and TennCare provide ongoing review of TNAAP's EPSDT related educational programs and resources. (See the TNAAP section of this report for more information on recent updates to educational materials).

Status: Complete and Ongoing
Documentation: Annual Summary of TNAAP EPSDT and Coding Office Visits; Summary of TNAAP START Trainings; Meeting Minutes from PEP Workgroup July 10, 2007, August 7, 2007, September 11, 2007, and October 9, 2007 held by GOCCC; TNAAP/TennCare Meeting Minutes August 7, 2007 and December 4, 2007 held by TennCare; and TNAAP Educational Resource Materials (previously submitted)
Reference Consent Decree: ¶ 43

Enhance Communication between Providers and Child-Serving Agencies

- TNAAP and TennCare meet regularly on a quarterly basis. These meetings include representatives from numerous state agencies and provide a valuable forum for information sharing.

- The PEP Workgroup typically meets monthly.
- PEP Workgroup Chair participates in the meetings of the Policy Academy created by DMHDD.
- PEP Workgroup Chair participates in monthly meetings of the GOCCC Steering Panel, monthly meetings of EPSDT workgroup chairs and various other workgroups.
- TEIS representatives participate in each TNAAP START training.

Status: Complete and Ongoing
Documentation: TNAAP/TennCare Committee Meeting Minutes July 10, 2007, August 7, 2007, September 11, 2007, and October 9, 2007 held by TennCare; PEP Workgroup and GOCCC Steering Panel held by GOCCC
Reference Consent Decree: ¶ 43; 78

Identify Opportunities to Improve Access to Services

See references to TNAAP EPSDT and Coding educational programs and START trainings in section above.

- TNAAP Board member is participating in a pilot project with Centerstone in which a Counselor is placed in large TennCare practice to improve access to counseling services to enrollees.
- TNAAP presented at an educational program of the Tennessee Association of Mental Health Organization (TAMHO) to discuss opportunities for collaboration on improving access to behavioral health services for children.
- TNAAP implemented a pilot project to explore opportunities to increase access for diagnosis of Autism Spectrum Disorders.

Status: Complete and Ongoing
Documentation: Meeting minutes of TNAAP/TennCare Committee; PEP Workgroup Meeting Minutes, and TNAAP START-ED Training Program Brochure held by TennCare, TAMHO "Plenary Session" Program
Reference Consent Decree: ¶ 43; 78

Provide Access to Pediatric Expertise to Maintain EPSDT Quality Standards

- TNAAP representatives serve as resource on numerous pediatric issues through various venues including TNAAP/TennCare meetings, PEP meetings, TennCare Advisory Boards, Pharmacy Committees and other meetings and committees as appropriate.
- TNAAP representatives participate in the EPSDT Steering Guidelines Committee each time the committee convenes.

Status: Complete and Ongoing
Documentation: TNAAP/TennCare Committee Meeting Minutes and PEP Workgroup Meeting Minutes
Reference Consent Decree: ¶ 43; 44; 78

Enhance Provider Participation

Ongoing identification of barriers to participation and discussions about provider concerns on topics including:

- Access to specialty providers
- Access to behavioral health services
- Communication with DCS
- Multiple managed care procedures
- Historical financial instability of MCOs (particularly in Middle Tennessee)

Status: Complete and Ongoing
Documentation: TNAAP/TennCare Committee Meeting Minutes held by TennCare; and PEP Workgroup Meeting Minutes held by GOCCC
Reference Consent Decree: ¶ 43

Status: Ongoing
Documentation: PEP Workgroup Meeting Minutes held by GOCCC
Reference Consent Decree: ¶ 43

Diagnosis and Treatment Workgroup

GOCCC has reviewed the suggested recommendations from the Diagnosis and Treatment Workgroup. The recommendations have been determined opportunities for improvements with two child-serving departments. The suggested recommendations were proposed to TennCare on December 5, 2007. TennCare will review and consider the recommendations. The DCS recommendations will be proposed in 2008.

Status: Completed
Reference Consent Decree: ¶ 43; 54; 78

TennCare EPSDT/TENNderCare Coordination

TENNderCare Connection

The TennCare Bureau has worked with the Department of Education (DOE), the Governor's Office of Children's Care Coordination (GOCCC), and the Managed Care Corporations (MCCs) to ensure the coordination of care and the delivery of medically necessary services as identified in the Individualized Education Programs (IEPs) for school age children.

In September 2007, a letter was sent to the Local Education Agencies (LEAs) as the annual notification of the TennCare Bureau's commitment to coordinate medically necessary services as identified in the IEP. The services will be coordinated between the schools and the MCC with the TennCare Bureau assisting when necessary. A letter to the LEAs and MCCs will be sent annually, at the beginning of each school year, to notify school administrators of the program.

Status: Ongoing
Documentation: Dr. Long Memo to LEAs, September 2007; Dr. Long Memo to MCCs, September 2007
Reference Consent Decree: ¶ 78; 81

Department of Health TennCare EPSDT/TENNderCare Coordination

On December 5, 2007, a meeting was held by the DOH TENNderCare Community Outreach State Director, DOH TENNderCare Public Health Director, Maternal and Child Health (MCH) Medical Director and three MCH Program Directors. The purpose of the meeting was to address areas of potential collaboration in Central Office between the DOH TENNderCare Program and MCH programs, including Helping Us Grow Successfully (HUGS) and Children's Special Services (CSS). The DOH TENNderCare program agreed to provide information packets to MCH to distribute to parents and guardians. MCH invited the DOH TENNderCare Central Office staff to participate in their annual meeting in the spring of 2008 to share information and updates. The programs plan to continue discussions about collaborative efforts in the future.

Status: Completed and Ongoing
Documents: TENNderCare and MCH Collaborative Meeting Notes
Reference Consent Decree: ¶78; 81

Department of Mental Health/Developmental Disabilities EPSDT/TENNderCare Coordination

DMHDD Interagency Meeting

DMHDD continues to hold interagency workgroup meetings with representatives from DCS, TennCare, and the BHOs to coordinate issues related to children in custody and in need of behavioral health services.

During this reporting period, discussions with DCS resulted in revising the frequency of DMHDD interagency meeting to once quarterly. The original purpose of the meeting was to increase communication and identify and resolve issues impacting DCS youth. DCS established certain special initiatives to improve systems and services for youth in the care of DCS. DCS created three workgroups focused on issues related to licensure, mental health services, and coordination of behavioral health services with managed care organizations. No meetings were held in first fiscal quarter July 2007 through September 2007. The next meeting occurred in December 2007.

Status: Ongoing
Reference Consent Decree: ¶ 78

Department of Children Services Committee/Taskforce Meetings

DMHDD staff participated in various committee/taskforce meetings led by DCS.

- Children's Mental Health Issues meets monthly to discuss children mental health issues and barriers to services.
- Transition Kids meets monthly to review process of transitioning adolescents into the adult mental health system.
- MCC Coordination of Care meets monthly to discuss the working relationships of various systems of care for children age birth to 21.

Status: Ongoing
Documentation: Minutes and Rosters held by DCS
Reference Consent Decree: ¶ 78

Division of Mental Retardation Services EPSDT/TENNderCare Coordination

The 556 children enrolled in the HCBS waiver have a degree of disability that requires intense medical and behavioral health management. Close communication is required among DMRS case managers, independent support coordinators, primary care providers, and specialty providers as well as the coordination of services.

The HCBS waiver programs are the payer of last resort and can not supplant any other State Plan, such as EPSDT/TENNderCare. The 556 children enrolled in the HCBS wavier receive a mix of HCBS and EPSDT/TENNderCare services.

Independent support coordinators and state case managers are responsible for assisting persons with filing an adverse action appeal for delayed, denied, reduced, suspended or terminated benefits.

Status: Ongoing
Documentation: DMRS Provider Manual
Reference Consent Degree: ¶ 71(ii)

Part IV: Coordination and Delivery of Services To Children in State Custody Paragraphs 84 – 93

Department of Children's Services Coordination and Delivery of Services to Children in State Custody

Quality Services Review

As reported in earlier Semiannual Reports, DCS collaborates with the Children's Program Outcome Review Team (CPORT) of the Tennessee Commission on Children and Youth to conduct an annual Tennessee Quality Services Review (TNQSR) that measures children's health and well-being, including necessary and appropriate EPSDT services. The Quality Services Review Protocol used by DCS is available online at: http://state.tn.us/youth/dcsguide.htm.

The Quality Services Review for the 2007-2008 year is currently ongoing, with on-site reviews completed for two of the DCS regions. Final results are indicated in Table 23.

The Physical Health indicator reports on the overall status of the child. EPSDT may be a component of the Physical Health indicator, but is not the sole Physical Health indicator. Thus, a child may be rated as being in unacceptable health despite receipt of EPSDT services, as the child may remain compromised medically regardless of appropriate interventions. Likewise, the Emotional/Behavioral Well Being indicator is also an indicator of the overall status of the child, and it is not based solely on specific receipt of behavioral or mental health services.

All the factors considered in scoring these two indicators are listed in the QSR Protocol, pages 14-17, available on-line at: *http://state.tn.us/youth/dcsguide.htm*

Table 23

Qualitative Services Review: Health and Emotional Well Being Results Cumulative Percent Acceptables as of 12/07* 2007-2008 Review Year		
Region	Health *(x cases acceptable of y cases scored)*	Emotional/ Behavioral *(x cases acceptable of y cases scored)*
Davidson	21/21= 100%	14/21= 67%
Mid Cumberland	21/21= 100%	15/18= 83%
Statewide Acceptable %	Cumulative % Acceptable: 42/42= **100%**	Cumulative % Acceptable: 29/39= **74%**

*QSR is ongoing: 10 regions remain for review

Status: Completed
Documentation: QSR Averages Chart
Reference Consent Decree: ¶ 84(ii); 88; 96

DCS Continuous Quality Improvement (CQI) Internal EPSDT Monitoring

DCS regions monitor case files by using an internal Continuous Quality Improvement (CQI) process. Each month, team leaders complete reviews of the cases they supervise by completing a case process review tool. The case manager and supervisor work to resolve deficiencies. Critical measures regarding EPSDT screening appointment and coordination of follow-up services are audited in the case file review indicated in Table 24.

Table 24

Team Leader Case File Review 3rd Quarter 2007	Statewide Percentages	
EPSDT	**Dependent/ Neglected/Unruly**	**Juvenile Justice**
Current EPSDT in which each of the 7 EPSDT components were addressed?	93%	94%
For children under 2, a current EPSDT according to the periodicity schedule as provided by the Health Unit nurse?	97%	N/A*
From the most recent EPSDT, Psychological, Dental, and Vision forms, are follow-ups documented?	91%	84%
A Permanency Plan that includes the date of the EPSDT and the PCP name and address?	84%	87%

*Children under 2 are not adjudicated delinquent

Status: Completed
Documentation: Case Process Review Averages Chart
Reference Consent Decree: ¶ 54; 67; 84(ii); 96

Coordination with State Agencies and MCCs Providing Services to Children

DCS regularly interacts with state agencies and Managed Care Companies (MCC) serving children in and at risk of custody. Indicated below are key coordination meetings that have been held since the last reporting period.

- DCS met with representatives of Magellan, DMHDD, and TAMHO to coordinate efforts regard children's mental health on July 9, 2007, August 13, 2007, September 10, 2007, October 8, 2007, November 19, 2007, and December 10, 2007. Agenda items included protocols for transition, parenting/bonding assessments, and attachment therapies for children.

- Magellan and DCS met on July 30, 2007 and August 28, 2007 to review procedures for provider initiated discharge orders of DCS children from inpatient hospitals.
- AmeriChoice, a middle Tennessee MCC, and DCS met on August 14, 2007 to discuss services and processes for children at risk of custody, including coordination with the Crisis Management Team (CMT).
- DCS Well Being staff met with DCS provider representatives Tennessee Association of Child Care (TACC) on September 26, 2007 to review monthly treatment reports and identification and tracking of services.
- DCS, MCCs, Magellan, TennCare Select, and Doral met on September 19, 2007 and November 7, 2007 to review coordination of care for children in custody. The BHO DCS phone referral line was expanded, reports for hospital discharge, crisis assessment were coordinated, and reports for use by DCS regarding other insurance and PCP assignment were discussed.
- DCS participated on a conference call on October 4, 2007 with Youth Villages crisis response, DMHDD, and Magellan to discuss receipt of assessment forms by DCS.
- Magellan and DCS held phone conferences on October 18, 2007 and October 24, 2007 with Regional Well Being teams to discuss service access issues for BHO services. Identified as concerns were frequency of therapy visits for children.
- DCS holds regular meetings for children transitioning from custody to adult mental retardation services, and persons from DMRS participate. Meetings were held on July 13, 2007, August 3, 2007, August 17, 2007, August 31, 2007, September 14, 2007, October 11, 2007, October 25, 2007, November 29, 2007, and December 13, 2007. Case planning is held on specific transition cases.

Status: Completed
Documentation: Electronic Calendar and Notice of Meetings Minutes and Agendas
Reference Consent Decree: ¶ 71(iii); 78

Statewide Interagency Meetings

- DMHDD and DCS participated in conference calls and meetings on August 24, 2007, September 7, 2007, and September 10, 2007 regarding mental health services in a specific region.
- DCS participated in meetings with the Governor's Office of Care Coordination (GOCCC) on August 29, 2007 and September 21, 2007 to review the *John B.* Consent Decree Grid.
- DCS participated in Steering Panel meetings on October 24, 2007 and December 6, 2007. Outcome: A collaboration to educate providers regarding attachment related concerns for children in state custody was initiated.
- The Liaisons for DCS and TennCare met on September 20, 2007 to review the DCS/TennCare CQI plan for ongoing TennCare monitoring of DCS.

- DCS met with the DMHDD licensing division on October 9, 2007 to review protocols and establish communication on licensing standards and reviews.

Status: Completed
Documentation: Agenda and Attendance of Meetings; Electronic Notice of Meetings
Reference Consent Decree: ¶ 71(iii); 78

Improvement on Information Related to Behavioral Health Services

During the 3rd quarter of 2007, DCS and the assigned BHO, Magellan, collaborated to increase communication of evaluation and assessments related to DCS custodial children. Effective November 1, 2007, the BHO began providing hospital discharge summaries for DCS custodial children. These summaries are received centrally and disseminated to the applicable region. Diagnosis or medications as applicable are entered into the DCS child welfare tracking system. The summary is made available to the Well Being psychologist and assigned Family Service Worker. Additionally, effective November 1, 2007, the assessments completed by the BHO crisis management contractor are provided centrally to DCS, and disseminated to the applicable region. This information is entered as a crisis service, and the assessment is provided to the Well Being psychologist and Family Service Worker. This is a new initiative, and the department will be reviewing processes at health advocacy and psychologist's meetings to ensure that this information is maximized to benefit the children being served, specifically as related to the coordination of inpatient hospitalization.

TennCare Select Educates PCPs Regarding DCS Health Confirmation

TennCare Select provided a notice to the Best Practice Network (BPN) Primary Care Providers (PCPs) on December 11, 2007, encouraging them to complete a Health Services Confirmation form for custodial children served through the Best Practice Network. Information on accessing the form through the DCS Web site was provided, as well as how to obtain hard copies of the form through the customer service BPN unit. Providers were also encouraged to view relevant health information in the Shared Health clinical health record, available to providers electronically.

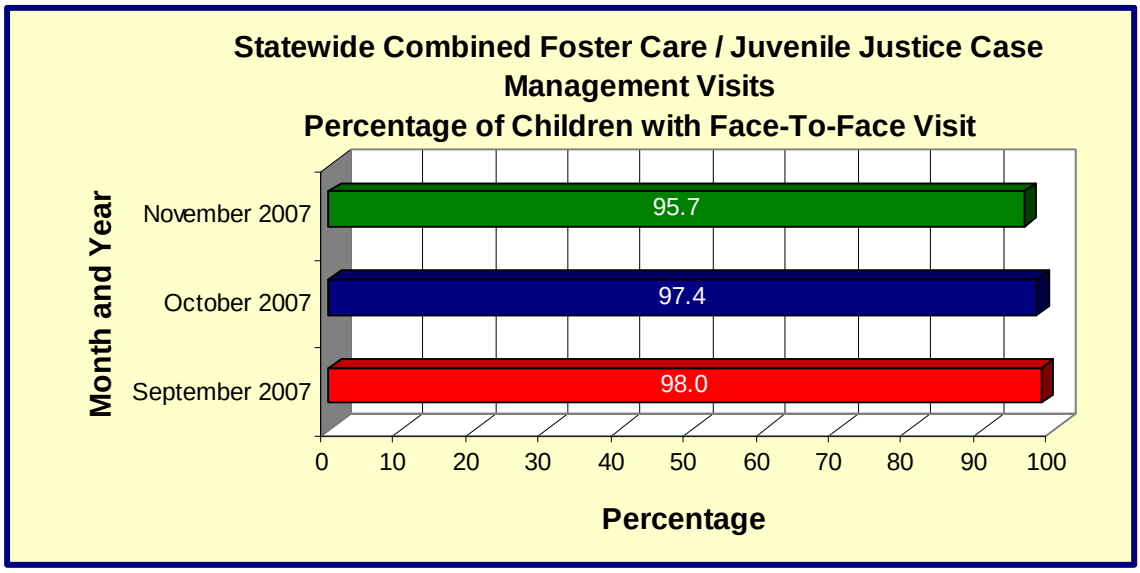
Status: Completed
Documentation: Meeting Minutes
Reference Consent Decree: ¶ 71(iii); 78

Case Management for Children in Custody

DCS provides targeted case management for children in custody. Through monthly and quarterly management reports, DCS monitors the documentation of case worker-to-child visitation in its child welfare tracking system. The data shows that over 95% of children are receiving face- to- face visits every 30 days.

July 2007 data was 97.8 %; data for August 2007 was 97.5%. Data for September 2007 through November 2007 is set in Figure 7.

Figure 7



- Data represents case management face-to-face visitation of case manager to child counted one time each month.
- Aggregated from TNKids DCS child tracking each quarterly period
- Documentation entered in TNKids after quarterly summaries will result in changes to percentages of children seen.

Status: Completed
Documentation: Face-to-Face Reports
Reference Consent Decree: ¶ 67

DCS Provider Network

As described in previous reports, DCS has taken steps to begin restructuring the child placement process with a focus on minimizing trauma and promoting placement stability through the use of initial and ongoing assessments. Improving the process of how placements occur, continually accessing the sufficiency of services available in the provider network, and measuring the outcomes of children served by contract agencies.

Updates on specific initiatives described in prior reports to improve the DCS provider network and placement process are described as follows:

Child and Adolescent Needs and Strengths (CANS)

Through collaboration with a nationally recognized expert, DCS developed an assessment tool derived from the CANS that will be used to inform the Child and Family Team (CFT) about the needs of the child to assist in placement

determinations. CANS will help support a response to the development of services by identifying service gaps and tracking identified needs for which a service or resource is not available.
To date there are over 2,000 DCS staff trained in the CANS with the initial training in each of the 12 regions. All regions are actively using the CANS as of May 2007.

The CANS information systems project business requirements are now complete and a Web-based tool is now in development. Automation will help ensure DCS is meeting timeframes for CANS administration and is projected to be able to deliver provider network efficacy reports by summer 2008. This will capture the performance of small providers who do not have enough volume for evaluation in Chapin Hall Performance measures, and will also offer detail on all providers on a regional or case specific basis.

The Centers of Excellences (COEs) are using the CANS process to serve as best practice consultants in the DCS regions regarding decision making through its use in informing child and family team meetings and 100 day case reviews. COE staff also support case managers through individual consultations on services/resources available to address an identified need. Vanderbilt COE, covering six regions, and UT Memphis COE, covering the Western three regions, have had regular meetings with Regional Administrators, Core Leadership, and professional staff such as Master Social Workers, Psychologists, and other Well-Being Unit staff in order to set and achieve goals for initial reviews, transition reviews, and discharge reviews to be completed in a timely fashion on a routine basis before the web application goes live in early 2008. Several regions, such as Southeast, Southwest, and Upper Cumberland, are already at high rates of compliance.

Unified Placement Process

The department is continuing the efforts to implement a Unified Placement Process (UPP) in each region designed to target mitigation of trauma including:

- Increase use of front-end services to prevent removal;
- Improve systemic capacity to target placement resources to the child's and family's strengths and needs; and
- Enhance specialized permanency supports to expedite permanency.

The Department has named a UPP statewide director, who has reviewed the onsite placement referral process in four different regions to determine how the regional placement division identifies and finds new placements for children at either their entry into care, or at a point of crisis stabilization. Findings from this review will impact the finalization of the Child/Youth Referral and Placement policy currently being drafted to incorporate the UPP principles and process.

Status: Completed
Documentation: Minutes of UPP; Exception 75 Mile Reports

Reference Consent Decree: ¶ 71(ii)

Individual Regional Implementation

- *Mid Cumberland*
  All counties within the region have implemented the UPP process and are awaiting evaluation.
- *Davidson*
  UPP is not yet operational. This region recently completed the re-structure of their Placement Services Division (PSD) and will begin implementation in zip codes on January 1, 2008. Base-line data and working agreements are in place and it appears that there are not any barriers at this time beginning on their identified date.
- *East*
  UPP has not been implemented. The status is a pilot cluster has been identified in Cocke, Hamblen, Jefferson, Grainger, and Claiborne Counties and baseline data established for each county.
- *South Central*
  UPP will be operational for six months at the end of September 2007 in the pilot region and an evaluation completed in mid December 2007 to determine areas needing improvement.
- *Shelby*
  UPP is not yet operational. There is an implementation plan being developed in conjunction with the region's multiple response system. Specific zip codes for removals have been identified, and sites will be used in targeted implementation.
- *Southwest*
  UPP is not yet operational. An implementation team is completing the self- evaluation. Madison County has been selected as the pilot site.
- *Northwest Region*
  Northwest has completed implementation across the entire region and an impact evaluation is scheduled for January 21, 2008. The impact evaluation will analyze how the implementation of the UPP process has affected specific outcomes for children and families. This evaluation will occur simultaneously as the Quality Service Review (QSR) and will follow a similar process.
- *Southeast*
  UPP has been implemented. A process evaluation for the pilot cluster was held in December 2007.
- *Hamilton*
  This region is not yet operational. Baseline data is near completion and pilot area has been identified (one specific school zone and all zip codes included in that school zone). Technical assistance on gathering resource home data is scheduled for January 2008 and February 1, 2008 is the anticipated date for beginning the pilot.
- *Knox*
  UPP is not yet operational. A cross functional team is collecting data so that a pilot area can be selected.
- *Northeast*

UPP is operational in the region, with a remaining county cluster to be implemented. Process evaluation for the pilot cluster in Carter, Johnson, and Unicoi Counties was held in December 2007.

- *Upper Cumberland*
  UPP has been implemented, with the last county cluster beginning implementation in July 2007. Process evaluations for the pilot cluster in Smith, Macon, and DeKalb Counties were held in December 2007.

DCS Network Adequacy

DCS continues to measure the percentages of children placed for residential/continuum treatment within or exceeding 75 miles of the child's home region. Children may be placed beyond 75 miles if the treatment needs are so unique that they cannot be met within the geographical area. In these cases, a waiver is completed on each child. Percentages of children placed within 75 miles include those for whom a waiver has been granted. See Table 25, for the percentage of placement within 75 miles for this reporting period.

Table 25

Percentage of Placements within 75 Miles for 2007	
July	83.0%
August	83.0%
September	83.0%
October	82.0%
November	82.0%

Performance Based Contracting

The Department's Performance-Based Contracting (PBC) initiative is the first phase of a greater overarching plan to achieve better and more timely outcomes for the children served by DCS. In the past, DCS has purchased out-of-home care services for children in its custody through a per diem reimbursement system. Performance-Based Contracting uses an innovative approach that stresses permanency outcomes for children and utilizes a payment structure that reinforces provider agencies' efforts to offer services that improve those outcomes. The permanency outcomes that will be measured include: improved timeliness and likelihood of permanency, reunification, adoption, or guardianship, reduced placement moves, and reduced re-entries into care. DCS implemented Phase I of this initiative on July 1, 2006.

To ensure the success of the PBC initiative and after considerable research and planning, Chapin Hall was selected to work with DCS to execute a performance-based contracting system. Chapin Hall has worked with New York and several other states to implement similar performance systems. In addition, Chapin Hall currently monitors all twelve DCS regions for similar permanency performance measures.

Additionally, DCS has begun to implement Phase II of the PBC initiative. In December of 2006, the Department opened up enrollment to the remaining provider agencies in the current network that meet the minimum established standards. Additional provider agencies, meeting the established criteria, were invited to participate in the PBC initiative using the same Request For Information (RFI) process as used in Phase I. Six additional providers have been chosen to participate in Phase II of PBC and will begin their involvement in the process on July 1, 2007. This will bring the number of providers participating in PBC to eleven by the beginning of the 2007-2008 fiscal year. The Department plans to repeat this process on an annual basis in an effort to eventually bring all contracted providers on board with this performance-based initiative.

The Department is committed to implementing this system for all out-of-home care services. This initiative was driven to achieve better outcomes for children and not to reduce out-of-home care cost. The Department believes that our community partners share in this desire to achieve better outcomes for children and are equally committed to serving the needs of Tennessee's children.

PBC Phase I Providers:
Omni Visions, Youth Villages, Frontier Health Systems, Centerstone, Helen Ross McNabb

The initial implementation of the Performance-Based Contracting Initiative began on July 1, 2006. The initial six-month review for Phase I providers was conducted in mid-March of 2007. Each Phase I provider had its own individual meetings with departmental Upper Management, Child Placement & Private Provider (CPPP) staff, Fiscal Department staff, and representatives from Chapin Hall Center for Children. The agendas for these meetings included an in depth analysis of Chapin Hall data related to each individual agency and analysis of the fiscal model including any re-investments earned or penalties incurred. Also included in these meetings were discussions of any strategies employed by each agency in order to perform above their original baseline, how those strategies were devised and implemented as well whether or not these strategies actualized the intended effect.

Of the five initial participants, three were eligible for re-investment dollars, two would have incurred penalties; although the first year of participation is "risk free" (with no penalties), it was decided to present the penalties for reference only. Reasons these providers performed below baseline were discussed and strategies formulated to correct these deviations.

Review of the Phase I providers initial fiscal year of performance occurred the first week of October 2007. Data compilation lag intervals as well as allowing Chapin Hall time to complete their analysis of the data are the reasons for the delay after the close of the fiscal year in June of 2007. Fiscal calculations for both re-investment dollars as well as financial penalties, although this year "hold harmless", were reviewed and Phase I providers notified of their financial status with regard to these calculations. Final reconciliation of these calculations is now being performed by Chapin Hall and upon review by DCS fiscal, will be shared in their final form with providers in October 2007.

PBC Phase II Providers:
Holston Home, Free Will Baptist Children's Home, Smoky Mountain, Children's Home, Florence Crittenton, Partnership for Families, Porter-Leath

In September of 2006, Requests for Information (RFI) were distributed statewide to begin Phase II of the Department's PBC Initiative. By the assigned time frame for submission the Department had received ten proposals. After consideration by Upper Management, Fiscal and members of the Child Placement and Private Providers Unit, the six providers listed above were chosen to participate in Phase II. All those submitting proposals were called to Central Office in mid-March for the announcement of the selection and a high-level overview of the PBC process.

In late April 2007, site visits were made by representatives from DCS Central Office and Chapin Hall to each of the six Phase II participants. During those visits DCS and Chapin Hall representatives were given tours of the respective facilities. After the tours, DCS and Chapin Hall gave presentations outlining the PBC process, interpretation and analysis of Chapin Hall data and a breakdown of how the fiscal calculations are made. Phase II providers were presented with their contracts for review and signatures. After beginning their contract phase on July 1, 2007, these providers received their initial baseline material containing targeted outcomes in mid-September 2007. The Phase II initial six-month review will take place in February of 2008.

Status: Completed
Documentation: Minutes of PBC Meetings; Exception 75 Mile Reports
Reference Consent Decree: ¶ 71(ii)

Protection from Harm: Fostering Positive Behavior

DCS developed a training curriculum in conjunction with Middle Tennessee State University entitled "Fostering Positive Behavior" that utilizes interactive video and several real-life situations involving behavior challenges for children and youth served by DCS. The University Training Consortium continues to deliver this training to DCS staff, and provider agencies continue to use this curriculum in their training. The Consortium completed an adaptation of the curriculum specifically for resource parents. In July 2007, the University Training Consortium began educating resource parents utilizing this curriculum.

Protection from Harm: Serious Incident Reports

DCS private providers are required to report serious incidents occurring to a child in their care within 24 hours to the department. Within this calendar year, DCS has implemented a Web-based system that replaces a paper/fax modem process for reporting serious incidents to the department. Providers submit their serious incident report through the automated system, and notification is given to DCS staff. A consultant has been working with a DCS workgroup to assist in development of responder protocols and reporting.

Protection from Harm: Psychotropic Medication Monitoring

The Pharmacy and Therapeutics (P & T) Committee provides oversight for systemic issues regarding the use of psychotropic medications for children in custody. DCS has revised previous policies and procedures specific to informed consent for children in custody receiving medications, with emphasis on parental involvement and engagement with the mental health clinician. The policy became effective January 1, 2008.

The informed consent procedures are reviewed in the Team Leader File Review. Findings are set in Table 26:

Table 26

Team Leader Case File Review Statewide Findings *Specific to* Informed Consent 2007, 2nd and 3rd Quarter	**Dependent/ Neglected/**		**Unruly Delinquent**	
	2Q	**3Q**	**2Q**	**3Q**
An Informed Consent for Psychotropic Medication form (CS0627) for each of the psychotropic medications that the child is taking, signed by the child's parent(s) (if the child is under 16)?	98%	96%	97%	92%
An Informed Consent for Psychotropic Medication form (CS0627) for each of the psychotropic medications that the child is taking, signed by the child (for children 16 and older)?	98%	98%	96%	95%
An Informed Consent for Psychotropic Medication form (CS0627) for each of the psychotropic medications that the child is taking, signed by the Health Unit nurse if the child is under 16 and the parent(s) cannot be located or have been TPRd? (*rights have been terminated*)	98%	99%	99%	99%

Status: Completed
Documentation: Team Leader File Review; P and T Committee Agendas and Minutes
Reference Consent Decree: ¶ 85; 86

Part V: Monitoring and Enforcement Of MCC and DCS Compliance Paragraphs 94 - 103

TennCare Monitoring and Enforcement of MCOs

Annual Quality Surveys

The objectives of the 2007 Annual Quality Survey (AQS) were to assess the performance of the health plans in complying with applicable quality process standards and performance activities. The data obtained from the AQS reports provides meaningful information the health plans and TennCare can use to:

- Evaluate performance processes
- Compare quality standards and healthcare services that the health plan provides to its members
- Identify, implement and monitor system interventions to improve quality

All AQS health plan reports were completed in the third quarter of 2007. The results from the reports illustrated that the health plans made significant improvement over the previous year, which could be attributed to National Committee for Quality Assurance (NCQA) certification as well as familiarity with the high expectations that have been set for them by the Bureau of TennCare. All health plans scored high on both the individual quality process standards and the performance activity requirements. To emphasize the importance of EPSDT, the TennCare Bureau requests a corrective action plan (CAP) from MCCs scoring less than 100% on any EPSDT Standard. CAPs for this reporting period that were requested and accepted by the Bureau of TennCare included Volunteer State Health Plan (1), PHP (3), AmeriChoice East (2), Unison (2), TLC (1), UAHC (2), Premier, AdvoCare (1). If deficiencies were found, a site visit was made to assist the health plan with compliance. Two site visits were made in this reporting period. If the deficiency is repeated in subsequent years, a site visit is made to assist the health plan with compliance. Site visits were made to PHP and Unison. If the deficiency is not corrected after the site visit, liquidated damages are assessed. The liquidated damages assessed during this report period are currently in the approval process and will not be reflected in the Liquidated Damages Report until the next Semiannual Report.

Status: Ongoing
Documentation: 2007 AQS MCO Reports; Corrective Action Plans July 1, 2007 to November 31, 2007
Reference Consent Decree: ¶ 40-42; 51; 53-59; 61-64; 78; 81; 94; 102

Monitoring Access to Dental Services

Based on the parameters established by TennCare Bureau, as well as enrollee-to-dentist ratios, analysis indicates that child enrollees have good access to dental care and that TennCare is in compliance with its obligation to ensure that dental networks are adequate. Although there is no "universally accepted" population-to-dentist ratio, TennCare has compared its ratio to the number used under Terms and Conditions for Access in the CMS 1115 Waiver, where the patient load is given as 2,500:1. As of September 2007 TennCare estimated a ratio of 669 child enrollees ages 3 through 20 to each participating dental provider. For contracted general dental providers only general dentists and pedodontists, TennCare estimated a ratio of 866:1.

Status: Completed and Ongoing
Documentation: Doral Dental Annual Report 2006 (previously submitted)
Reference Consent Decree: ¶ 46

Monitoring for Dental Provider Network Deficiencies

The TennCare Provider Networks Unit monitors the dental provider enrollment file which is submitted monthly by Doral Dental. The reports received continue to show primary care and general dental provider availability for members within the required distance of 30 miles/30 minutes for rural areas and 20 miles/20 minutes for urban areas.

Status: Completed and Ongoing Annually
Documentation: Doral Dental Annual Report 2006 (previously submitted)
Reference Consent Decree: ¶ 46

Monitoring for Provider Network Deficiencies

Provider Networks Division

The TennCare Provider Networks Division is responsible for determining compliance relative to adequate providers supplying services to TennCare members within a specific time/distance of their home zip code. The standard for Primary Care Providers (PCP)/EPSDT provider availability is that these providers must be within 30 miles/30 minutes of the member for rural areas and 20 miles/30 minutes for urban areas.

MCCs currently meet this requirement as is evidenced by monthly provider enrollment files submitted on a monthly basis. Provider compliance is monitored through TennCare's GeoAccess software, mapping PCP/EPSDT/TENNderCare provider availability for members within the required distance of 30 miles/30 minutes for rural areas and 20 miles/30 minutes for urban areas.

The Provider Networks Division staff analyzes an Accessibility Summary Report which shows the average distance to a choice of five EPSDT/TENNderCare providers which varies from 3.2 miles to 6.1 miles among MCCs.

This division is responsible for determining compliance as required by Contractor Risk Agreements for specialty networks that include the required specialties, allowing PCPs referral access to specialists as needed. The required specialties are as follows:

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- General Surgery
- Nephrology
- Neurology
- Neurosurgery
- Oncology/Hematology
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Urology

Additionally, Middle Tennessee MCCs are required to have adult, child, and adolescent Psychiatry as specialties.

Status: Ongoing
Documentation: Provider Network Deficiency Notice (previously submitted)
Reference Consent Decree: ¶ 39(f)

Provider Network Deficiencies

During the first quarter of 2007, Provider Networks Division issued fifteen provider network deficiency notices and fifteen requests for Corrective Action Plans (CAPs) for the first quarter of 2007. The TennCare Office of Contract Compliance and Performance tracks and monitors receipt of these CAPs. All MCC CAPs were received timely and subsequently accepted for each deficiency noted. MCCs affected were UAHC (1), TennCare Select (6), Unison (3), AmeriChoice East (1), and TLC (4).

During the second quarter of 2007, Provider Networks Division issued twenty-three provider network deficiency notices and twenty-three requests for Corrective Action Plans (CAPs) for the second quarter of 2007. MCOs affected were UAHC (2), TennCare Select (4), Unison (3), AmeriChoice East (1), TLC (3), PHP (3), AmeriChoice Middle (3), Amerigroup (4). Liquidated damages were recommended for untimely submission of reports.

Status: Ongoing
Documentation: Corrective Action Plans August 2007 through September 2007
Reference Consent Decree: ¶ 39(f)

Phone Survey

Provider Networks Division has a process to assess the quality, timeliness, and access to health care services of providers reported by each of the Managed Care Organizations. This process is conducted through a contract with QSource, an External Quality Review Organization (EQRO). The purpose of this survey is to validate the accuracy of provider data submitted to TennCare by MCCs. On a monthly basis, MCCs now submit to TennCare complete replacement provider enrollment files. These files provide the basis for the quarterly extract of statistically valid samples for these phone surveys performed by QSource.

Among other quality monitors, the ages of patients served by providers and the timeframe necessary to obtain an appointment for both routine and urgent care are validated during these surveys to ensure enough providers are serving TennCare eligible children. Should the results of these surveys show deficiencies, CAPs, and liquidated damages are imposed upon the MCO until such time that they can demonstrate improvement in that deficient area.

Results of surveys conducted by QSource are reviewed each quarter by Provider Network staff and Corrective Action Plans (CAPs) are requested to determine if the MCC had formulated a plan that appeared adequate to address the cited deficiency. All MCC Corrective Action Plans were received prior to their requested due date during this time period. These plans were reviewed by Provider Network Division and all plans reviewed were accepted, thus no remedial actions were taken by the State for MCCs during this reporting period.

Status: Ongoing
Documentation: Provider Network Deficiency Notice (previously submitted)
Reference Consent Decree: ¶ 39(f)

Monitoring by the Office of Contracts and Compliance

Quarterly Up-To-Date List of Specialists

MCCs are required to provide each PCP and Case Manager participating in the EPSDT program an up-to-date list of specialists to whom referrals may be made for screenings, laboratory tests, further diagnostic services, and corrective treatment. During this reporting period, two MCCs were sanctioned for failing to provide the list in accordance with contract time frames.

Status: Ongoing
Documentation: EPSDT Liquidated Damages Report December 15, 2007
Reference Consent Decree: ¶ 43

Monitoring and Enforcement of MCC Contracts

Other MCC monitoring activities included:

- All MCC contracts were amended effective July 1, 2007. The new amendments contained EPSDT/TENNderCare language updates to clarify LEP requirements for deaf and blind enrollees. A second contract amendment added a formal requirement that all MCCs send an additional newsletter, separate from their general newsletter that is specific to their TENNderCare program. The MCOs have been required to send the separate newsletter based on a request from the TennCare Quality Oversight Unit; however, effective July 1, 2007 the new amendment formalized the requirement and extended it to the BHOs as well. The two integrated plans in Middle Tennessee write a combined MCO/BHO newsletter each quarter. Other amendment items included clarification of the National Provider Identifier (NPI) requirement to be consistent with CMS requirements, revised network adequacy language for consistency, revised requirements for reporting on PCP and Emergency Room Visits, Emergency Department Utilization, Disease Management and Case Management, Nurse Triage 24/7 Line, and NCQA Reports. Language was added for consistency with NCQA requirements. Contract terms were extended through June 30, 2008 to align with the State Fiscal Year. The amendments also deleted a Quality Improvement Activity (QIA) Grid because it was a tool to monitor NCQA accreditation status and that accreditation has now been achieved by all of the continuing MCOs.
- TennCare continued its oversight of the implementation of AmeriChoice and Amerigroup. These two plans began providing service to approximately 340,000 enrollees on April 1, 2007. The new plans provide integrated medical/behavioral services to enrollees. TennCare Select and Premier Behavioral Systems will continue to serve approximately 20,000 persons in Middle Tennessee identified by TennCare as special needs populations including children in state custody. TennCare staff joined DMHDD staff in joint site visits with the new plans. Representatives of the two departments met with each department and observed first hand the service authorization and coordination being provided to TennCare children.
- During the second half of 2007, TennCare continued weekly meetings with DMHDD. The meetings include a review of all BHO coordination activities between the two departments. Agenda topics have included a review of Applied Behavioral Analysis (ABA) therapy, adequacy of provider networks, claims and billings issues, Clinically Related Group/Target Population Group (CRG/TPG) assessment concerns and the integration of telemedicine.
- TennCare also participated with DMHDD in monthly individual meetings with the integrated Middle Tennessee plans and with the BHOs. Individual strengths and weaknesses are discussed as well as new initiatives proposed by the plans. Examples of items discussed are network adequacy, crisis diversion initiatives and CRG/TPG assessments.
- TennCare continued to chair an interagency meeting among TennCare, DMHDD and TDCI. The purpose of the meeting is to identify and review BHO deficiencies and to make recommendation and monitor their

resolution, identify contract areas that require revision and to foster cooperation, coordination and program knowledge between the three departments. Agenda items during this period have again included a review of GeoAccess deficiencies in the areas of child and adolescent inpatient services, substance abuse services and 24 hour Residential Treatment Facility services. These deficiencies have resulted in assessments of liquidated damages against two BHOs. The BHOs have made progress to correct their deficiencies, and are required to submit periodic corrective action plans (CAPs) as part of a Global CAP addressing all of their identified deficiencies. However, the deficiencies continue to exist in selected counties. The CAPs include information on alternative service delivery models to ensure that children living in the affected counties continue to receive needed services. Other areas of deficiencies noted include outpatient appointment timeliness and average lengths of time between facility discharge and an enrollee's first follow-up visit. The BHOs are currently under corrective action plans to cure these deficiencies.

- Key OCCP staff regularly attend the GOCCC steering committee and the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) EPSDT committee. Attendance at these meetings is intended to foster communication, coordination, and enhanced service delivery to children.

Status: Ongoing
Documentation: EPSDT Liquidated Damages Report December 15, 2007
Reference Consent Decree: ¶ 43

TennCare Legal Solutions Unit

In order to ensure legally compliant resolution of member benefit and reimbursement appeals, TennCare/MCC contracts contain provisions calling for TennCare to impose monetary penalties against those MCCs who fail to comply with TennCare determinations rendered during the Member Appeals process. When TennCare confirms MCC's legal obligation to confer the benefit under appeal, its Legal Solutions Unit (LSU) or TennCare Solutions Unit (TSU) issues a written order as a directive to the responsible MCC. The directive specifies the nature and extent of the MCC obligation and reiterates TennCare's obligation to impose damages against the MCC should it fail to timely satisfy the directive.

The TennCare Member Services Division's Directives Solutions Unit (DSU) receives a copy of the LSU or TSU issued directive and tracks the MCC's compliance therewith. When an MCC fails to satisfy a directive, DSU apprises the MCC of its violation and alerts it to the fact that damages will be assessed pursuant to the contract. DSU then supplies TennCare's Office of Contract Compliance and Performance (OCCP) with the documentation necessary for OCCP to collect damages from the MCC.

The EPSDT directives issued by DSU in Tables 27 through 31 for July 1, 2007 through December 31, 2007 yields the following data. During this reporting period, LSU and TSU issued 173 EPSDT directives categorized as follows:

Table 27

EPSDT Directives Categorized by Month	
July 2007	30
August 2007	31
September 2007	36
October 2007	28
November 2007	29
December 2007	19
Total	173

Table 28

EPSDT Directives Categorized by MCC	
Doral Dental	27% or 47
TennCare Pharmacy Program	18% or 31
TennCare Select	18% or 31
Tennessee Behavioral Health	16% or 28
Premier	7% or 12
DCS	4% or 7
Remaining 10% dispersed among 8 MCCs	

Table 29

EPSDT Directives Categorized as Pre or Post-Hearing	
Resulting from a decision rendered following an administrative hearing	51% or 89
Resulting from a TennCare determination rendered in advance of an administrative hearing	49% or 84

Table 30

EPSDT Directives Categorized by Grand Region	
Resulting from East Region Member Appeal	47% or 81
Resulting from Middle Region Member Appeal	33% or 57
Resulting from West Region Member Appeal	19.5% or 34
Resulting Out-of-State Member Appeal	0.5% or 1
Total	173

Table 31

EPSDT Directives Categorized by MCC and Grand Region	
East Region:	
Tennessee Behavioral Health	14% or 24
Doral Dental	12% or 21
TennCare Pharmacy	8% or 13
Middle Region:	
Doral Dental	11% or 19
TennCare Select	8% or 14
TennCare Pharmacy	6% or 10
West Region:	
TennCare Pharmacy	5% or 8
Doral Dental	4% or 7
TennCare Select	3% or 6

TennCare Legal Solutions Unit

The Legal Solutions Unit (LSU) is the unit within TennCare's Division of Member Services which is responsible for defending the State when member benefit and reimbursement appeals require provision of a hearing. LSU works alongside other units within TennCare Member Services to ensure the unfettered provision of medically necessary, covered EPSDT/TENNderCare benefits and to ensure that enrollees are afforded applicable due process protections.

During this reporting period, LSU received a total of 468 EPSDT appeals. This represents a slight (2%) increase from 457 EPSDT appeals received during the first half of 2007.

EPSDT appeals for medical, behavioral and dental services account for 75% of all EPSDT appeals transferred to LSU for hearing. The remaining 25% of appeals are comprised of pharmacy, Mental Retardation/Developmental Disabilities (MR/DD), Reimbursement and Billing (R&B), MCC Change Requests, Pharmacy R&B, and DCS.

In many instances appeals were withdrawn because the Managed Care Contractors or TennCare approved the service (either upon initial review when the request had not been presented to the MCC prior to filing an appeal, or in the case of appeals filed after an adverse action had been taken, upon reconsideration by the MCC) or offered an alternative which the member accepted. For this reporting period, LSU resolved 446 EPSDT appeals. Of this number, forty or 9% were resolved in favor of the member. These resolutions include various types of LSU resolutions without hearings as well as Administrative Law Judge (ALJ) hearing decisions. One hundred and thirty-eight or 31%, of the EPSDT cases received by LSU in this six-month period were resolved in favor of the state, while approximately two hundred and sixty-eight

or 60% of EPSDT cases were withdrawn by the member or resulted in a default/dismissal at hearing.

Status: Ongoing
Documentation: KēPRO Appeals Process Analysis Report for July 2007 through December 2007
Reference Consent Decree: ¶100

TennCare Solutions Unit

The TennCare Solutions Unit (TSU) is the medical, behavioral health, pharmacy and dental appeal resolution unit for the TennCare Program. The TSU processes appeals concerning services rendered to enrollees by the Managed Care Contractors (MCCs), including services provided to children in State custody by the Department of Children's Services (DCS) and services provided to mentally retarded persons enrolled in the Home and Community Based Waivers, administered by the Division of Mental Retardation Services.

Process Changes

Effective September 15, 2007, Keystone Peer Review Organization Inc. (KēPRO) replaced Schaller Anderson of Tennessee (SAT) as the contractor responsible for maintaining the central data registry, known as ProLaw. KēPRO now provides medical necessity reviews and expert witness testimony as well as reporting and consulting functions formerly provided by SAT.

The new version of ProLaw (Reform ProLaw), implemented in February 2006, continues to provide TSU with better and earlier access to requisite appeals information. Accordingly, employees are better-equipped to take decisive action to ensure timely provision of medically necessary covered benefits and services.

The ongoing fine-tuning of internal processes, workflows and desktop procedures in conjunction with the continued provision of necessary training and oversight, has similarly proven fruitful in improving the appeals process.

Coordinated Efforts

Key TSU, LSU and KēPRO staff routinely meet as necessary to discuss EPSDT appeals and to ensure appropriate, legally compliant, resolution of the appeal.

Appeal Overview

The TennCare Solutions Unit received 3,527 appeals during the second half of calendar year 2007. The TSU received 3,134 appeals during the previous reporting period. This increase is attributed to seasonal fluctuation. When compared to the number of appeals received in the corresponding 2006 reporting period (3,542) there is a 0.4% decrease, indicating minimal yearly fluctuation.

EPSDT appeals account for 55% percent of all appeals received during the reporting period. EPSDT appeals accounted for 55% of all appeals in the previous reporting period.

There were 1,978 EPSDT appeals received from July 1, 2007 through December 31, 2007 and 1,718 appeals received during the previous reporting period, January 1, 2007 through June 30, 2007, representing a 15% increase in EPSDT appeals. This increase is attributed to seasonal fluctuation. When compared to the number of EPSDT appeals received in the corresponding 2006 reporting period there is a 2% increase, indicating minimal yearly fluctuation.

All appeals are classified as Expedited or Non-Expedited. Non-Expedited appeals accounted for 80% of the overall EPSDT six month appeal volume. Expedited appeals accounted for 20% of appeals.

The top three reasons for appeals were Reimbursement and Billing 39% or 779 appeals, Dental 26% or 513 appeals and Medical Services 15% or 300 appeals. Together, the above listed top three accounted for 80% of the EPSDT appeals received during the reporting period. There were 1,940 EPSDT appeals resolved during the reporting period July 1, 2007 through December 31, 2007. The TSU resolved two hundred and twenty-five that were 11% of the appeals. The LSU resolved four hundred and forty-one that were 24% of the appeals while the MCC were responsible for one thousand two hundred and seventy-four that were 65% of all EPSDT appeal resolutions.

For this reporting period, TSU resolved 225 appeals. Of this number, seventy-nine, or 35%, were closed as being untimely or because the enrollee was not eligible for TennCare at the time the service was requested, or at the time services were rendered in the case of reimbursement. The enrollee withdrew seventy-five, or 33%, of the EPSDT appeals resolved during the reported period. Fifty-eight or 26%, of the appeals resolved at the TSU level resulted in the requested service or reimbursement being approved. The remaining EPSDT appeals resolved by TSU were resolved by reaching an informal resolution, the enrollee's acceptance of an alternative service offered by the MCC.

Status: Ongoing
Documentation: KēPRO Appeals Process Analysis Report for July 2007 through December 2007
Reference Consent Decree: ¶100

Department of Mental Health/Developmental Disabilities Monitoring of DCS and BHO Compliance

Monitoring Department Children Services Providers

DMHDD monitors DCS compliance through chart audits and review and feedback of BHO and MCO contract deliverable reports. July 2007 through October 2007, DMHDD conducted four provider site visits reviewing randomly selected mental health records of children and youth to verify that the

prescription and delivery of mental health services were done in accordance with the Child and Youth Best Practice Guidelines, set forth by DMHDD. Four additional provider site visits were scheduled to occur from November 2007 through December 2007. The audit findings are published quarterly and distributed to DMHDD Clinical Leadership, DCS, TennCare, BHOs and MCOs as indicated. The 3rd Quarter Federal Fiscal Year (FFY) 2007 BPG report was released in August 2007. The 4th Quarter FFY 2007 BPG report was released in November 2007. DMHDD will continue to monitor and trend results to determine if findings are consistent over time and throughout the service delivery system. Trends will be used to identify areas where improvement is needed and to determine training needs.

Status: Ongoing
Documentation: Children and Adolescent BPG Report 3rd Quarter FFY 2007; Reference Consent Decree: ¶ 103

Monitoring BHO Providers

DMHDD monitors the BHO's and MCO's service delivery through audits as well as the review and analysis of contractual deliverable reports regarding the quality and timeliness of services being rendered to enrollees. During this reporting period, DMHDD revised its Performance Monitoring Plan (PMP) FY2007 to incorporate monitoring of the two new health plans in Middle Tennessee. This plan was finalized and distributed to the BHOs and MCOs in August 2007. Due to the lack of significant claims data, monitoring for the MCOs was delayed until October 2007.

For the BHOs, efforts under the PMP have continued, with six provider site visits conducted from July 2007 through October 2007. Additionally, an on-site audit of the BHOs was conducted October 24-26, 2007. The results from the provider visits will be detailed in the PMP quarterly reports for July 2007 through September 2007. The previous deficiencies found resulted in updates to the BHOs Correction Action Plan (CAP) already in effect for systemic deficiencies. The deficiencies found were rolled into the global deficiencies CAP. The global CAP includes deficiencies existing in the following areas: Geo-Access, Due Process Notices, Ambulatory Follow-Up, Outpatient Appointment Timeliness, and Hospital Readmissions. For this reporting period, there were no service deficiencies to address through the global CAP.

DMHDD will continue to actively monitor the progress of the global CAP action steps and outcomes relative to the deficiencies that are currently being monitored.

Status: Ongoing
Documentation: Performance Monitoring Plan FY 2007-2008
Reference Consent Decree: ¶ 53; 103

External Quality Review

The External Quality Review Organization, QSource, is responsible for monitoring the MCCs in various areas to assess contractual compliance. During the third and fourth quarters of FY 2007, DMHDD reviewed information related to QSource's Provider Validation Survey results and their action plan for the Annual Network Adequacy Plan. DMHDD has received the audit tools for next year's Annual Quality Survey with feedback due to QSource on November 28, 2007.

Status: Ongoing
Documentation: QSource Annual Quality Survey Feedback 2007
Reference Consent Decree: ¶ 53; 103

Related Initiatives to Strengthen Child Health Services

The following section is devoted to health related initiatives which, although not required in the *John B.* Consent Decree, assist the state in improving health services to children.

Behavioral Health Telemedicine Services

Behavioral health telemedicine services are promoted by Magellan in Tennessee for children's services. DMHDD has created a telemedicine workgroup consisting of key stakeholders providing mental health services through telemedicine process. The purpose of the DMHDD telemedicine workgroup is to increase participation and coordination in promoting timely access to care for mental health consumers. The workgroup has been addressing barriers and proposed changes in the areas of funding, legislation, and service delivery. In addition, the workgroup developed a survey tool to assess current telemedicine services and identify the barriers providers encounter in the further development of the telemedicine service.

The workgroup identified 44 statewide mental health providers consisting of outpatient, private inpatient, and regional mental health institutes (RMHI) to participate in the survey.

The survey revealed a total of 71 mental health telemedicine sites across the state that included 55 CMHA outpatient sites, 14 hospital sites and 2 RMHI sites. This is an increase from the total of 46 known sites prior to the survey.

The survey indicated providers would benefit from outside assistance in areas of funding, equipment, reimbursement, and staff training. These issues will be further explored and addressed in telemedicine workgroup meetings.

Status: Ongoing
Documentation**:** Telemedicine Workgroup Minutes October 2007; Telemedicine Workgroup Summary October 2007
Reference Consent Decree: ¶ 53; 61; 71

Policy Academy on Transforming Mental Health Care for Children and Families through Planning, Policy and Practice

DMHDD continues to hold monthly conference calls or meetings with representatives from multiple state departments and agencies, including Department of Education, Department of Health, Governor's Office of Children's Care Coordination, TennCare, Tennessee Commission on Children and Youth, Department of Children's Services, Tennessee Select Committee on Children and Youth (SCCY), Centers of Excellence, and Tennessee Voices for Children, to work on the goals of the Policy Academy on "Transforming Mental Health Care for Children and Families through Planning, Policy and Practice." The workgroup continues to focus on legislation impacting children/youth and their families, such as the Mental Health Screen Bill and the Certificate of Mental Health Completion Bill (SB3846/HB3893). Presently the Policy Academy members are working with the SCCY on Senate Joint Resolution 799 (SJR799) to strengthen the mental health service delivery system for children.

Policy Academy representatives presented information on SJR799 to the Town Hall attendees and responded to community members questions and concerns. Policy Academy members are working with the SCCY on the completion of the SJR Final Report due April 2008. Academy members are participating in the SCCY hearings and are represented on the five SJR799 Task Force workgroups. Policy Academy Members are an integral part of the Steering Committee which is preparing the SJR799 Final Report of recommendations to the SCCY, following the SJR799 Steering Committee Summit Meeting on November 27, 2007.

Status: Ongoing
Reference Consent Decree: ¶ 78

System of Care Grant, the Mule Town Family Network

DMHDD continues to work toward full implementation of the System of Care (SOC) grant program, the Mule Town Family Network (MTFN) in Maury County. Eighty-seven families have been referred to the MTFN since December 2005. Forty-seven families are currently enrolled and receiving services from the MTFN. DMHDD participates in various committee and subcommittee meetings including the Executive, Leadership, Sustainability, Operations, Steering and Partnership meetings in order to assist with planning and implementation of the program. MTFN staff has participated in educational opportunities, including a two-day wrap-around training conducted by a national expert and conferences focused on research and principles on SOC. In addition, the Project Director, MTFN staff and DMHDD staff attended the three day national SOC conference in New Orleans, Louisiana in August 2007. There have been 15 trainings, workshops and conferences this reporting period. In addition, DMHDD applied for and received a supplemental grant in the amount of $100,000 from Substance Abuse Mental Health Services Administration (SAMHSA) to enhance existing program efforts and develop a Web site.

Status: Ongoing

Documentation: MT Sustainability Mission and Goal provided with the July 2007 SAR; MTFN Leadership June 14, 2007 Meeting Minutes; MTFN Leadership June 20, 2007 Meeting Minutes; MTFN Leadership July 5, 2007 Meeting Minutes; MTFN Leadership August 16, 2007 Meeting Minutes; MTFN Leadership September 6, 2007 Meeting Minutes; MTFN Leadership September 20, 2007 Meeting Minutes; MTFN Leadership November 1, 2007 Meeting Minutes; MTFN Leadership November 15, 2007 Meeting Minutes; MTFN Operation June 28, 2007 Meeting Minutes; MTFN Core Partnership August 13, 2007 Meeting Minutes; MTFN Executive Committee October 2, 2007 Meeting Minutes; MTFN Steering Committee August 13, 2007 Meeting Minutes
Reference Consent Decree: ¶ 71

Administration Child and Family Grant

On September 17, 2007, DMHDD was awarded a $2.5 million grant from Administration on Children and Families (ACF). This award will be used to benefit Tennessee youth in eight rural counties over the next five years, and is the result of a collaborative effort among DMHDD, DCS, GOCCC, the Administrative Office of the Courts, and Centerstone.

This initiative, Building Strong Families in Rural Tennessee, will ensure integrated services are provided for children, ages birth to 18, who are currently in or at risk of being in an out-of-home placement as a result of a parent or caretaker's methamphetamine or other substance abuse. Funds will allow therapists to provide intensive, in-home crisis intervention, counseling, life-skills education and referral for substance abuse and/or mental health treatment as well as other support services. Specialized training and collaboration of service providers with other stakeholders will result in improved coordination of much needed services with better outcomes for children.

Status: Ongoing
Documentation: DMHDD ACF Grant Press Release
Reference Consent Decree: ¶ 71

Tennessee Lives Count

The Tennessee Lives Count (TLC) project provides Gatekeeper and Suicide Prevention training to adults who work with youth at very high risk of suicide. The training teaches adults how to recognize the early warning signs of suicide, how to determine risk, myths associated with suicide and where to access resources for mental health treatment for those youth at risk of suicide. TLC is a statewide program that will provide Gatekeeper training to 14,000 adults who work with at risk youth. The adults who are being trained through this project include those who work in the Foster Care System, Juvenile Justice, teachers in Alternative Schools, Special Education teachers, and nurses in the public health departments. DMHDD funds TLC with a grant received from SAMHSA.

In the past six months, TLC has trained over 6,000 Gatekeepers. The following groups attended trainings: DCS staff, foster care parents, Juvenile Justice Staff, Health Department nurses, Special Education and Alternative school staff,

college students and professors. TLC staff also presented Suicide Awareness information in the following venues: Tennessee Alternative Educators Association annual meeting, GOCCC monthly *John B.* Liaison meeting, Suicide Annual Day on the Hill commemorating Suicide Awareness Month, and the Psychiatric Symposium held annually in Knoxville, Tennessee.

Status: Ongoing
Documentation: TLC 1st Quarter Report 2007
Reference Consent Decree: ¶ 71

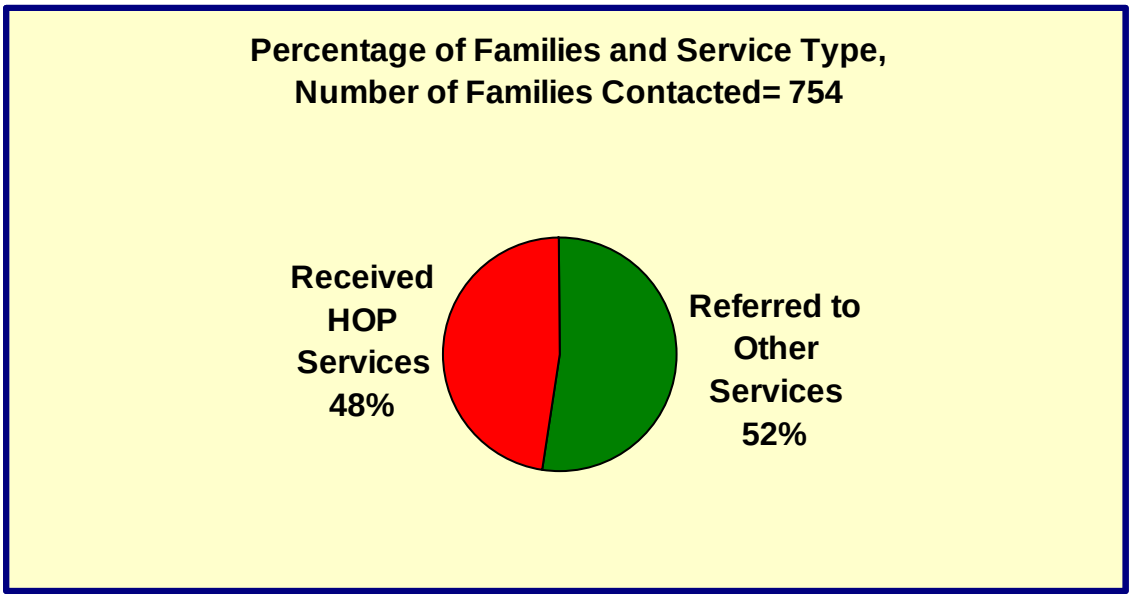
Homeless Outreach Project

DMHDD continues to provide outreach and case management for homeless families in community settings through Homeless Outreach Project (HOP). The project assists parents in securing needed mental health services for children and links parents with other services needed to keep the family intact.

The service is provided by six agencies: Centerstone, Frontier Health, Helen Ross McNabb, Fortwood, Pathways, and Midtown Community Mental Health Agencies, with dedicated outreach and case management teams that identify eligible homeless families with children through community shelters, food banks, and health centers. The project was designed to help reduce intergenerational homelessness, provide case management services to homeless families and their children, while transitioning their care to the established mental health service delivery system.

HOP contacted 754 families of those families contacted 394 (52%) were referred to other services 360 (48%) families received HOP services. See Figure 8, for the percentage of families and service type.

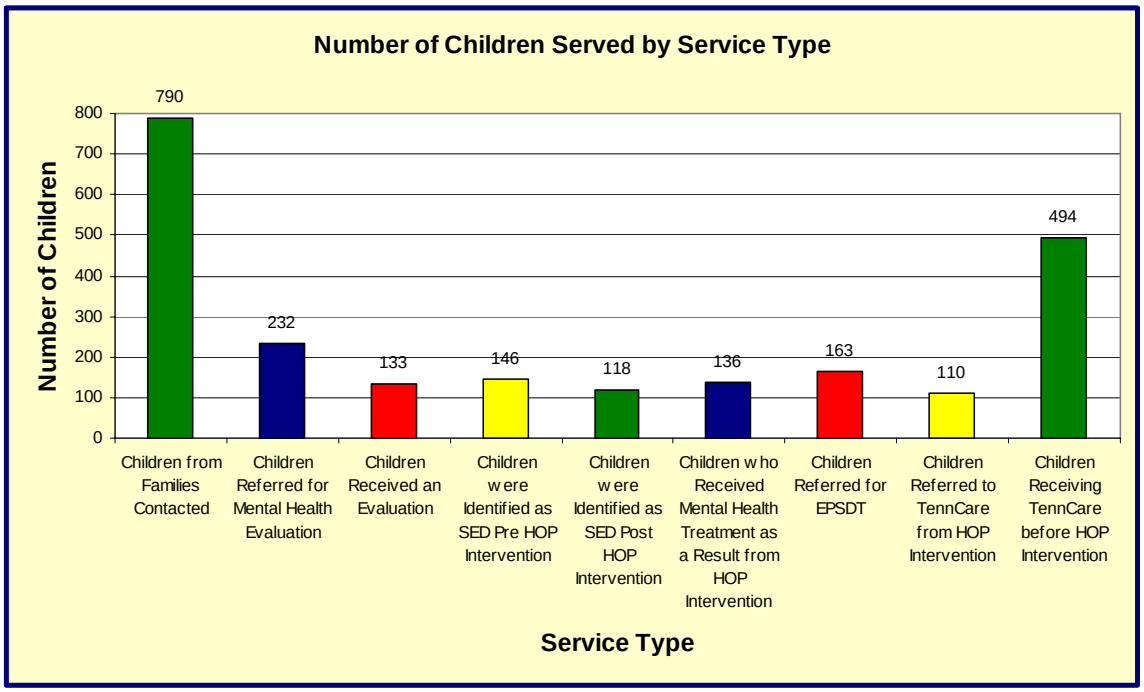
Figure 8



Two hundred and seventy (75%) families receiving HOP services were reported to be homeless and 89 (25%) families were reported to be at risk of becoming homeless. HOP secured permanent housing for one hundred and seventy three (49%) families.

Two hundred and thirty-two (29%) children were referred for a mental health evaluation and one hundred and thirty three (17%) children received an evaluation. One hundred and forty-six (18%) children were identified as Seriously Emotionally Disturbed (SED) pre-HOP intervention and one hundred and eighteen (15%) children were identified as SED post-HOP intervention. As a result of HOP intervention, one hundred and thirty six (17%) children received mental health treatment. One hundred and sixty-three (21%) children were referred for an EPSDT screening. One hundred and ten (14%) were referred for TennCare due to HOP intervention; four hundred and ninety four (63%) were receiving TennCare prior to HOP intervention; one hundred and seventy (47%) parents of the children were referred for a mental health evaluation. One hundred and five (29%) parents received mental health treatment. See Figure 9 for the number of children served by service type.

Figure 9



Six hundred and twenty-three (58%) families received funding using flex funds. Rental assistance was provided to one hundred and twenty one (34%) families with flex funds. Seventy-seven (21%) families received flex funds for utility payments or deposits. One hundred and seventy-two (48%) families received assistance for transportation. One hundred and fifty-eight (44%) families received emergency food or clothing. Sixty-nine (19%) families received flex funds for services such as therapeutic camps and thirty-nine (11%) families received flex funds for other items.

One hundred and twenty-three (34%) of three hundred and sixty families served completed the satisfaction surveys. Ninety percent of those surveyed strongly agreed or agreed that their family was treated with respect. Ninety-nine percent strongly agreed or agreed that the staff was not willing to give up on working with the family. Ninety-nine percent strongly agreed or agreed that their child received the services and support that the parent felt the child needed. Eighty four percent of the parents surveyed were involved in deciding what services and support their child needed. Ninety-nine percent strongly agreed or agreed that their family received the types of services and supports needed. Ninety-two percent were surveyed were involved in deciding what services and support their family needed. Eighty- four percent felt that their housing situation had improved when discharged from the Homeless Outreach Program.

Status: Ongoing
Documentation: Children and Youth Homeless Outreach Annual Report Narrative 2007
Reference Consent Decree: ¶ 71

Regional Intervention Program

Regional Intervention Program (RIP) is an evidence-based, nationally recognized parent-implemented early childhood intervention for preschool children with severe behavior problems. The child does not need a formal diagnosis to enter the program. At least one parent (or other adult) and one child from each enrolled family are required to participate in the program a minimum of two times per week and continue based on the child and family needs. Supported by a small professional and paraprofessional staff, parents serve as primary teachers and therapists for their own children, as daily operators of the overall program, and as primary sources of assistance in an outcome-based management by objectives system. Program activities are organized within a system of modules that includes behavioral skills training, social skills training, and RIP preschool classrooms. There are 14 programs in Tennessee in the RIP network.

The number of families and target children served by all RIP programs from July 1, 2006 – June 31, 2007 are:

- Four hundred and seventy-six Families
- Five hundred and twenty-nine Target Children

Status: Ongoing
Documentation: RIP Annual Report FY 2007
Reference Consent Decree: ¶ 71

Youth Transition Task Force

The Youth Transition Task Force (YTTF) is collaboration among Department of Children's Services and child-serving departments with community providers who have an interest in improving children in custody and at risk of custody and transitioning youth to the adult services. The definition of "transitional

youth" used by this task force is "those youth who, by virtue of maturation, policies, or law, are entering young adulthood and who by official or practical definitions are considered to have had a serious emotional disturbance or special needs." YTTF works with the knowledge that these youth are at high risk for homelessness, dropping out of school and criminal activity. It is also understood these findings are more prevalent for children in the foster care system and the Medicaid population. YTTF works to reduce the likelihood of the high-risk group from entering the adult mental health system. The goal of YTTF is to identify the gaps in the system and the array of supports needed by these youths. These integrated supports are to be developmentally appropriate, youth-focused, and culturally competent. Further, YTTF operates under the premise that system change and transformation begins at the state level. For this reason, YTTF will seek the participation of each child-serving department in developing and initiating a Memorandum of Understanding that acknowledges the importance of collaboratively promoting a seamless system for youth transitioning to adult status. Currently, YTTF is developing a vision statement and strategic plans and goals.

YTTF membership continues to increase as awareness and interest in youth transitional needs grow across the state. Due to the size of YTTF, a core group functioning as the steering committee will provide increased focus and direction for the full YTTF group. DCS has joined with YTTF as co-chair with DMHDD.

YTTF is providing input to the Senate Joint Resolution 799 (SJR799) Steering Committee as it is developing the final recommendations to the Select Committee on Children and Youth (SCCY). The YTTF will work toward developing a model of a statewide-integrated array of services for youth in transition across departments, providers, advocacy groups and other stakeholders. The results of this work will be presented to the SJR799 Steering Committee for use in preparing the final report.

At the November 1, 2007 YTTF, meeting the mission statement was revisited and the changes will be presented at the next meeting for approval.

Status: Ongoing
Documentation: November 1, 2007 YTTF Meeting Minutes will be available for the July 2008 SAR
Reference Consent Decree: ¶ 71

Evidenced-Based Treatment

The GOCCC has been instrumental in promoting the use of evidence-based treatments (EBT) to enhance the clinical competency of the provider network. Below are examples of this influence.

- Infant Mortality reduction: The GOCCC issues grants to providers, agencies, academic institutions to implement, and evaluate evidence-based practices that have been demonstrated to improve outcomes. For example, Centering Pregnancy, Community Voice and home visitation programs.

- Substance Abuse services policy analysis: The GOCCC worked with the commissioner of DCS and DMHDD to use GOCCC grant (SAMHSA) resources to begin a policy analysis of substance abuse services to support the development of interdepartmental resources and coordination to improve the service delivery system.
- Substance Abuse services: The GOCCC is using resources of its SAMHSA grant to provide training to the community in EBT for co-occurring disorders.
- Mental health services: The GOCCC has issued a grant to the COEs to train, implement and develop a sustainable infrastructure for EBTs to the provider community in the areas of child maltreatment and attachment disorders.
- SJR799: The GOCCC participates in the children's mental health study task force at the leadership and committee level to ensure that EBTs are part of the core consideration.

Status: Ongoing
Reference Consent Decree: ¶ 43; 78

Infant Mortality

GOCCC has lead an intensive, structured, coordinated effort to decrease the number of premature, low-birth weight births to reduce infant mortality, and disparities in birth outcomes in Tennessee. Several initiatives such as grants for evidenced-based programs, partnerships with community stakeholders, coordination among state and local infant mortality reduction efforts, and oversight entities called Core Leadership Groups have been developed and implemented in target areas in the state. Thus far, several thousand families have been reached with GOCCC funded initiatives, and improvements are being noted in attendance at prenatal visits, smoking cessation among pregnant women, and birth weight and gestational age at delivery.

Status: Completed
Reference Consent Decree: ¶ 78

Adolescent Substance Abuse Collaborative

In conjunction with the Governor's Office of Children's Care Coordination, the Departments of Mental Health and Developmental Disabilities, Children's Services, Education, Labor, and the TennCare Bureau have initiated a collaboration to achieve greater integration of community based treatment, prevention services, and expansion of resources within and across sectors. The goal of the collaborative is to form recommendations to align financial resources and administrative practices that will support quality services to Tennessee's youth.

Objectives of the collaborative are to:

- Develop a common vision for a comprehensive substance abuse service system for youth and their families.
- Agree on a set of principles intended to support a shared vision.
- Plan service system development for the respective department programs from a common framework of expectations for:
    - Provider network
    - Provision of evidence based treatment
    - Maximizing cost containment
    - Maximizing revenue streams
- Develop a set of recommendations to strengthen the service system and serve youths and their families appropriately.

Status: New
Documentation: Collaborative Substance Abuse Service System for Adolescents and Their Families Project Overview, September 24, 2007; Principles Guiding Substance Abuse Collaborative, September 2007; Organization of Collaborative Content October/November 2007; Organization of Eleven Collaborative Content Areas Relative to Service Model
Reference Consent Decree: ¶ 78

Tennessee Adolescent Coordination of Treatment Project

The Tennessee Adolescent Coordination of Treatment (T-ACT) Project continues to collaborate with other agencies and systems to build and sustain an infrastructure for improved coordination of adolescent substance use/abuse and co-occurring mental health services.

These Interagency Collaboration efforts have included:

- Participation in focused discussions on issues related to adolescent substance abuse policy with the Governor's Children's Cabinet, Departmental Commissioners, GOCCC Steering Panel, SJR 799 Steering Committee, Departmental Liaisons, and T-ACT Project Advisory Board members.
- Partnership with Students Taking the Right Stand (STARS), True North Enhancement Initiative toward developing the internal infrastructure needed to successfully implement and sustain evidence-based practices such as the Global Assessment of Individual Needs (GAIN) suite and Brief Intervention using Motivational Enhancement and Therapy/Cognitive Behavior Therapy in two T-ACT funded STARS pilot sites. Screening and assessment data from these evidence-based practices will provide valuable insight for both student-level and site-specific mental health and substance use needs.
- Participation in an interdepartmental collaboration referred to as the Adolescent Substance Abuse Collaborative. This collaboration involves representatives from state agencies and other stakeholders focused on

identifying a common vision and recommendations to enhance the substance abuse service system for youth and their families.

- Collaboration with LeBonheur's Department of Community Health to include the routine administration of the CRAFFT with their School-Based EPSDT Screenings, through the provision of educational materials to parents and aid in defining referral base.
- Partnerships with key adolescent care advocates and providers on a variety of initiatives, i.e., DMHDD, Division of Alcohol and Drug Abuse Services Adolescent Advisory Committee and Strategic Prevention Framework State Incentive Grant Advisory Council, DMHDD Division of Special Populations ACF Grant Steering Panel, DCS Mental Health Issues Meetings, TennCare Partners Roundtable, Tennessee Transitional Youth Task Force, Tennessee Commission on Children and Youth and Tennessee Voices for Children.
- Collaborating with Tennessee Alcohol and Drug Certification Board to review current professional/practitioner licensing and certification requirements and develop recommendations that will expand Tennessee's workforce to provide appropriate and timely services for users of alcohol, drugs and other substances.

Additional collaborations have resulted in strengthened alliances with state agencies to support and participate in conferences, including:

- Tennessee Alternative Educators Association Conference, July 19-20, 2007. T-ACT sponsored the Executive Director of the Association of Recovery Schools, to present on Recovery Schools.
- Tennessee Association of Mental Health Organizations (TAMHO) Tennessee Prevention Congress (August 22-24 2007). T-ACT Project sponsored several presenters and workshops at this conference, including:
    - Early Identification of Co-Occurring Disorders
    - Recovery School Programs: Secondary and Collegiate
    - Introduction to Motivational Interviewing
    - Integrated School-Based Behavioral Health Programs; "The True North Model"
- The 11th Annual Health Summit of Minority Communities (August 22-24, 2007). T-ACT Project sponsored a workshop entitled: "Co-Occurrence Disorders: A Prescription for Healing
- Tennessee Chapter of the American Psychological Association (November 2007). The T-ACT Co-PI presented on evidence base practices for co-occurrence disorders in youth. The focus of the presentation was on the commonalities between the evidence-based practices. Tennessee psychologists are already utilizing to treat mental health issues with their clients and evidence-based practices for adolescent substance abuse issues.

T-ACT continues to work with Diversity Research Associates of Memphis, toward the development of a cultural competency plan for the T-ACT project.

The results of an extensive Year 1 outside evaluation which describes T-ACT's advancement towards accomplishing the grant's goals, has been completed, and can be viewed on the Web at http://t-act.blogspot.com/.

The T-ACT project had its SAMHSA site visit for Year 2, conducted by a three-member team on December 13-14, 2007. The SAMHSA team provided positive feedback and helpful recommendations that will enhance T-ACT project activities toward improved coordination of adolescent substance abuse and co-occurring mental health services.

Status: Ongoing
Documentation: T-ACT Project Advisory Board Meeting Agendas and Minutes – July 26, 2007 and October 10, 2007; T-ACT Departmental Liaison Meeting Agenda and Minutes - July 12, 2007, August 9, 2007, September 12, 2007, November 8, 2007, December 18, 2007; SAMHSA Site Visit Agenda December - 13-14, 2007; T-ACT (CSAT #17374) SAMHSA Site Visit - December 13-14, 2007; Treatment for Adolescents with Co-Occurring Disorders.ppt; T-ACT Year 1 Evaluation Report.ppt
Reference Consent Decree: ¶ 78

TEIS Newborn Hearing Collaboration

TEIS District Offices provide follow-up to assist families who are identified as needing further screening or evaluation procedures based on newborn hearing screening. The DOH Newborn Hearing Screening Program (NBHS) notifies the family, the family's PCP and the district TEIS district offices of all infants who do not pass the newborn hearing screen before leaving the hospital. Notifications are sent via letters issued to each respective party by NBHS. TEIS personnel then contact families by phone as part of their Child Find efforts to encourage families to pursue further testing to verify their infant's hearing status. Families are provided information regarding the importance of additional follow-up and contact information for local resources for further testing. The Tennessee Infant Parent Services (TIPS) program also assists with screening activities and services for children with hearing and vision impairments. TEIS is the central point of entry and coordination arm of DOE for Part C, while TIPS is the direct home and community based direct instruction arm of the DOE. Eligibility standards for these programs are the same. Families of children who are found to have impairments or delays and are also eligible for EPSDT/TENNderCare services are assisted in coordinating further diagnostic and treatment services with appropriate health care providers by their TEIS Service Coordinator.

Status: Complete and Ongoing
Documentation: Tennessee Early Intervention System Quantitative Data System
Reference Consent Decree: ¶ 78

Tennessee State Special Schools

Although not providing specific information on the provision of EPSDT services by contracted providers, this section reports activities that assist the State in meeting EPSDT outreach goals.

A majority of children enrolled in the State Special Schools- Tennessee School for the Blind (TSB); Tennessee School for the Deaf – Knoxville (TSD), and West Tennessee School for the Deaf – Jackson (WTSD) are TennCare eligible. Information regarding accessing EPSDT services is made available to families. Personnel employed by the State Special Schools are knowledgeable about and provide support, as needed, to families in accessing the appeals process through the 1-800 number provided by the TennCare Bureau.

Status: Complete and Ongoing
Documentation: Tennessee Special Schools Policy
Reference Consent Decree: ¶ 78

Adolescent Advisory Committee

The Adolescent Advisory Committee was established in 1999, the purpose of which is to bring constructive, innovative, positive, and diverse ideas to the planning, implementing, and coordinating of publicly funded addiction treatment and recovery support services for adolescents in Tennessee.

Membership includes all DMHDD contracted providers of adolescent treatment services and various other government agencies and community organizations whose focus is serving adolescents. Meetings are held quarterly or more frequently as needed and include representatives from:

- Vanderbilt University/Peabody College, Nashville, Tennessee
- Tennessee Commission on Children and Youth
- Centerstone CMHCs Inc., Estill Springs, Tennessee
- Quince Mental Health Center, Jackson, Tennessee
- Florence Crittendon Agency, Knoxville, Tennessee
- Comprehensive Community Services, Johnson City, Tennessee
- Pathways, Jackson, Tennessee
- Volunteer Behavioral Health, Cookeville, Tennessee
- Carey Counseling Center, Paris, Tennessee
- Department of Mental Health Developmental Disabilities
- Memphis City Schools Mental Health Center, Memphis, Tennessee
- Department of Children's Services
- Elam Mental Health Center, Nashville, Tennessee
- Administrative Offices of the Court
- Chattanooga Alcohol and Drug Abuse Services , Chattanooga, Tennessee
- Memphis Recovery Center, Memphis, Tennessee
- Helen Ross McNabb Center, Knoxville, Tennessee
- Frontier Behavioral Health, Johnson City, Tennessee

- Foundations, Inc., Nashville, Tennessee
- Governor's Office of Children's Care Coordination

Status: Ongoing
Documentation: Adolescent Advisory Committee Meeting Minutes November 7, 2007
Reference Consent Decree: ¶ 78

Glossary of Acronyms

AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
AAPD	American Academy of Pediatric Dentists
ABA	Applied Behavior Analysis
ACF	Administration on Children and Families
ADA	American Dental Association
ADHD	Attention Deficit Hyper Activity Disorder
ALJ	Administrative Law Judge
APP	Annual Performance Plan
APSP	Adjusted Periodic Screening Percentage
AQS	Annual Quality Surveys
ASD	Autism Spectrum Disorder
BCBST	Blue Cross Blue Shield of Tennessee
BHO	Behavioral Health Organization
BHP	Better Health Plans
BPG	Best Practice Guidelines
BPN	Best Practice Network
C&Y	Children and Youth
CADAS	Chattanooga Alcohol and Drug Abuse Services
CADCAT	Community AntiDrug Coalitions Across Tennessee
CANS	Child and Adolescent Needs and Strengths
CAP	Corrective Action Plan
CCDHH	Communication Center for the Deaf and Hard of Hearing
CCR&R	Child Care Resource and Referral Centers
CDC	Centers for Disease Control and Prevention
CDT	Current Dental Terminology
CFT	Child and Family Team
CFTM	Child and Family Team Meeting
CIMP	Continuous Improvement Monitoring Process
CLPPP	Childhood Lead Poisoning Prevention Program
CMHA	Community Mental Health Agency
CMHC	Community Mental Health Center
CMHS	Center for Mental Health Services
CMS	Centers for Medicare and Medicaid Services
CMT	Crisis Management Team
COE	Center of Excellence for Children in and at-risk of State Custody
CPORT	Children's Program Outcome Review
CPPP	Child Placement and Private Provider
CPS	Child Protective Services
CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
CRAFFT	A quick screening tool to help identify adolescents at risk for alcohol and drug disorders
CRP/TPG	Clinically Related Group/Target Population Group
CSA	Community Services Agency
CSAT	Center for Substance Abuse Treatment
CSH	Coordinated School Health

CSS	Children’s Special Services
CSU	Crisis Stabilization Units
DADAS	Division of Alcohol and Drug Abuse Services
DBM	Dental Benefits Manger
DCS	Tennessee Department of Children's Services
DHHS	Deaf and Hard of Hearing Services
DHS	Tennessee Department of Human Services
DMHDD	Tennessee Department of Mental Health and Developmental Disabilities
DMRS	Tennessee Division of Mental Retardation Services
DOC	Tennessee Department of Corrections
DOE	Tennessee Department of Education
DOH	Tennessee Department of Health
DPR	Dental Percentage Rating
DRSP	Division of Recovery Services and Planning
DSE	Division of Special Education, DOE
DSP	Dental Screening Percentage
DSU	TennCare Directives Solution Unit
EBT	Evidence-Based Treatments
ECCS	Early Childhood Comprehensive Systems, DOH
EHS	Early Head Start
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
ESOL	English for Speakers of Other Languages
ETSU	East Tennessee State University
F&A	Tennessee Department of Finance and Administration
FASA	Family Assistance Screening and Application
FASC	Family Assistance Services Centers
FFY	Federal Fiscal Year
FRC	Family Resource Center
FSW	Family Service Workers
GAIN	Global Assessment of Individual Needs
GIS	Geographic Information System
GOCCC	Governor's Office of Children's Care Coordination
HCBS	Home and Community Based Services
HEDIS	Health Employer Data and Information Set
HFS	Healthy First Step
HOP	Homeless Outreach Project
HS	Head Start
HUGS	Helping Us Grow Successfully
ICD9	International Statistical Classification of Diseases
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFSP	Individualized Family Service Plan
ISP	Individual Support Plan
JCIL	Jackson Center for Independent Living
KCD	Knoxville Center for the Deaf
LDHH	League for the Deaf and Hard of Hearing
LEA	Local Education Agency

LEP	Limited English Proficiency
LICC	Local Interagency Coordinating Council
LSU	TennCare Legal Solutions Unit
MCC	Managed Care Contractor
MCH	Maternal Child and Health
MCO	Managed Care Organization
MH	Mental Health
MMR	Medical Record Review
MPAC	Mobile Pediatric Assessment Clinic
MR/DD	Mental Retardation/Developmental Disabilities
MSW	Medical Social Worker
MTFN	Mule Town Family Network
MTMHI	Middle Tennessee Mental Health Institute
NAMI	National Alliance on Mental Illness
NBHS	Newborn Hearing Screening Program
NCQA	National Committee for Quality Assurance
NDR	Nashville Davidson Metro Region
NHCHC	National Healthcare for the Homeless Council
NICU	Neonatal Intensive Care Unit
NPI	National Provider Identifier
NPR	Network Provider Review
OCCP	TennCare Office of Contract Compliance and Performance
OCI	Open Communications International
OGC	TennCare Office of General Counsel
OLC	Office of Legal Counsel
OMC	TennCare Office of Managed Care
OSEP	Office of Special Education Programs
OSHP	Office of School Health Programs
P & T	Pharmacy and Therapeutics
PAB	Project Advisory Board
PAR	Program Accountability Review
PBC	Performance Based Contracting
PBS	Premier Behavioral Services
PCP	Primary Care Provider
PEP	Provider Education Participation Workgroup
PHP	Preferred Health Partnership of Tennessee
PICU	Pediatric Intensive Care Unit
PIP	Program Improvement Plan
PIR	Program Information Report
PMN	Practice Managers Network
PMP	Performance Monitoring Plan
POC	Plan of Correction
PRP	Personal Responsibility Plan
PSD	Placement Services Division
PTBMIS	Patient Tracking Billing Management Information System
QIA	Quality Improvement Activity
QSR	Quality Service Review
RFI	Request for Information
RFP	Request for Proposals
RIP	Regional Intervention Program

RMHI	Regional Mental Health Institutes
SAMHSA	Substance Abuse and Mental Health Services Adm.
SAR	*John B.* Semiannual Report
SAT	Services and Appeals Tracking (DCS)
SCCY	Select Committee on Children and Youth
SED	Seriously Emotionally Disturbed
SFDHH	Services for the Deaf and Hard of Hearing
SICC	State Interagency Coordinating Council
SOC	System of Care
SPP	State Performance Plan
SSOC	Supervised System of Care
STAR	Special Technology Access Resource
STARS	Students Taking a Right Stand
START	Screening Tools And Referral Training
T-ACT	Tennessee Adolescent Coordination of Treatment
TAMHO	Tennessee Association of Mental Health Organizations
TAC	Tennessee Association of Child Care
TAN	TennCare Access Networks
TAPPP	Tennessee Adolescent Pregnancy Prevention Program
TBH	Tennessee Behavioral Health
TCCY	Tennessee Commission on Children and Youth
TDCI	Tennessee Department of Commerce and Insurance
TDD	Telecommunication Device for the Deaf
TEIS	Tennessee Early Intervention System
TennCare	Bureau of TennCare
THCC	Tennessee Health Care Campaign
TIPS	Tennessee Infant Parent Services
TLC	Tennessee Lives Count
TMA	Tennessee Medical Association
TNAAP	Tennessee Chapter of the American Academy of Pediatrics
TNQSR	Tennessee Quality Service Review
TPCA	Tennessee Primary Care Association
TPG	Target Population Group
TRIAD	Treatment and Research Institute for Autism Spectrum Disorder
TSB	Tennessee School for the Blind
TSD	Tennessee School for the Deaf
TSU	TennCare Solutions Unit
TTY	Teletypewriter
TVC	Tennessee Voices for Children
UAHC	United American Health Care Corporation
UPP	Unified Placement Process
VRS	Video Relay Service
VSHP	Volunteer State Health Plan
WTSD	West Tennessee School for the Deaf
YAB	Youth Advisory Board
YTD	Year To Date
YTTF	Youth Transition Task Force